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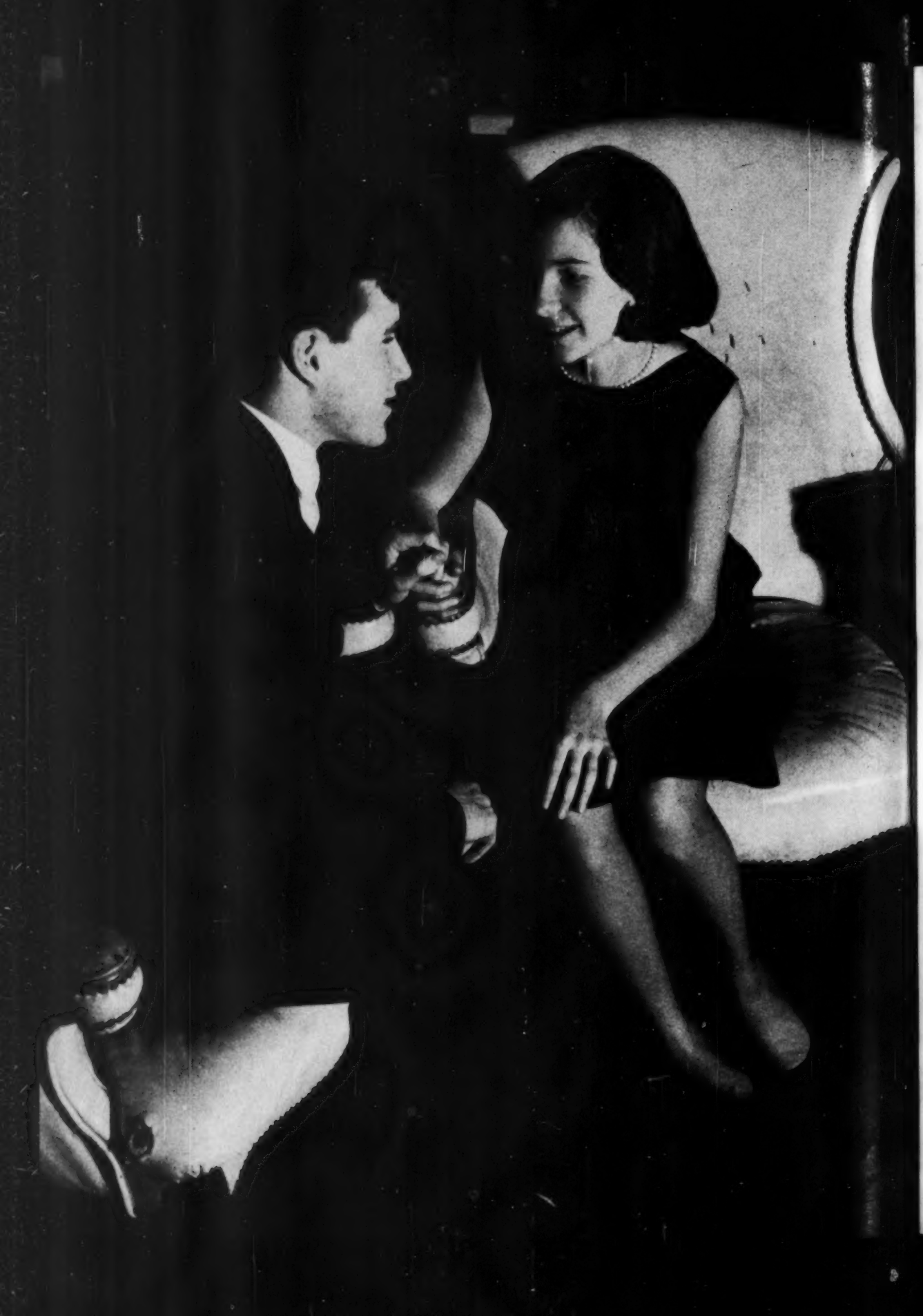

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Young love—or at least a mutually interested boy and girl. How their relationship grows and how wholesomely they respond to each other may depend on what they have learned about sex and its place in a mature life from their parents, teachers, or religious counselors. (See pp. 130 and 136 for discussions of sex education.)

Helping Children Grow Up Sexually—How? When? By Whom? 130
Eleanore Braun Luckey

Starting a Sex Education Program 136
Lester A. Kirkendall and Helen M. Cox

645 Days of Maternity and Infant Care 141
Kathleen A. Swallow and George H. Davis

Volunteers in Institutions for Delinquents 147
Elizabeth H. Gorlich

How Volunteers Can Help Disadvantaged Children. 151
Harris E. Karowe

Three Years of the Neighborhood Youth Corps . . 156
Regina H. Saxton

A Focus on Children of the Poor 163
Vera Shlakman

book notes 162
here and there 166

children

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Alex Elson, *law*
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Today many parents who themselves were reared by mothers and fathers afraid to educate their children in sexual matters are now afraid *not* to educate their own children regarding sex. Social pressures on young people different from the kind they experienced when young, prevalent attitudes toward sex that reflect a changing value system in society as a whole, and behavior among many young people that they do not understand have left today's parents perplexed and anxious. As a result they are eagerly seeking help for themselves and for their children, whom they want to achieve "normal sexual maturity."

Community agencies, youth organizations, churches, and schools are all scurrying to initiate programs of sex education—sometimes called family life education, boy-girl relationships, or interpersonal development. Inservice training programs, workshops, and institutes are being organized for nurses, social workers, clergymen, teachers, counselors, health educators, community youth leaders, and parents. After a long period of being treated with silence or half-truths, blushes and snickers, the subject of sex can openly be talked about in "respectable" society. Young people's attitudes and behavior toward the opposite sex—and the consequences—are the subject of serious concern not just to adolescents and their parents but also to persons in the teaching and helping professions.

Nevertheless, the goals of sex education are not altogether clear. Nor is it clear just whose responsibility it is to give sex information to children and adolescents and to try to shape the attitudes that determine their moral values and sexual behavior. Dealing with the sexual problems of young people is especially difficult for adults brought up in a society confused about sex, one that has been filled with sexual stimuli and at the same time with harsh taboos against sexual expression. Social scientists are not surprised that the combination of stimulation and repression has resulted in a demand for a "better way" of dealing with sex.

In response to the demand, persons who work professionally with children, adolescents, and parents are seeking *the* way (if there is *one*) or *a* way (if there are *many*) to help children grow toward "sexual maturity." This goal in itself is difficult to define, and to chart a course leading to its achievement is even more challenging.

Sexual behavior among men and women and sexuality as it is manifested in masculinity and femininity vary from culture to culture. Anthropologists tell

ELEANORE BRAUN LUCKEY

HELPING CHILDREN GROW UP SEXUALLY

HOW? WHEN? BY WHOM?

us that there is no sexual practice that has been universally sanctioned or prohibited; even incest, the sexual behavior that comes nearest to being universally tabooed, has been approved in some societies in some periods of history.

In any culture, what is "normal" depends upon the practices of the majority. Many behavior patterns that are quite objectionable in our society are sanctioned in others; for example, homosexual practices, sexual relationships between children, premarital sexual promiscuity, and wife swapping and borrowing are approved forms of behavior in some societies. It is not possible to speak of what is or is not "normal" unless we specify the society to which we refer.

Normality? maturity?

Even in this country alone the wide range of sexual behavior and values existing today make "the norm" impossible to define. At one extreme are those people who advocate complete sexual freedom amounting to anarchy; at the other extreme are those who condone the use of sex only for reproduction. Between these extremes lies immense variation in attitude and practice. For example, chastity before marriage is held to be a supreme value; it is considered "a good thing"; it is thought not to be very important; it is valued not at all; it is considered a poor thing. Masturbation is valued as a means of releasing sexual tension; it is considered an acceptable adolescent pastime; it is thought to be a shameful practice or a sin. Marital practices vary: there is no consensus on how frequently coitus should take place, nor on the appropriate position, nor on the amount or kind of foreplay that is acceptable. Most social scientists agree that it would be difficult if not impossible to define the norm of sexual behavior in contemporary American society. Even if such a norm could be defined, the definition would be meaningless, for sexual expression is a highly individual matter, an integral part of the total personality.

Sexual maturity rather than sexual normality may be a better goal for sex education. Even so, we must make assumptions that cannot be validated about the nature of man and the patterns of his maturing. By careful measurement and observation we have learned a great deal about the physical growth and development of boys and girls; we know about many of the factors that contribute to or detract from soundness and roundness of body; we have been able to trace general developmental patterns from the prenatal period to maturity and then to decadence. Intellectual growth has been more difficult to discover and predict in a sequential pattern, but in general we know a good deal about such aspects of growth as language development, concept development, learning, and creativity.

What we know of emotional growth is still largely theory or educated guesses; and social patterns that propel a child on to becoming a socially mature adult are known to vary from generation to generation. Even so, through keen observation, crude but persistent evaluation, and creative speculation, we can draw at least some tentative conclusions about the

emotional and social development of the human being.

When we realize that sexual growth includes factors that are physical, intellectual, emotional, and social, it becomes clear that with the incompleteness of our knowledge it is impossible to trace a sequential pattern of sexual development and to predict maturity with any degree of precision. This is a task to be explored by scientific research. We cannot wait for the results, however, to define our social goals in broad terms and to plan the practical steps toward their achievement.

The goals

As with other social goals, the consideration of educational goals requires two foci: the individual and the group in which he lives. Managing these two compatibly is a constant challenge for a democratic society. It is a greater challenge today than ever before, for in our rapidly changing society young people are demanding greater freedom in individual behavior than in any previous generation.

Our society has not yet provided an adequate way of caring for children born out of wedlock; it is therefore desirable today to discourage out-of-wedlock births. This is one social goal on which we can secure a great deal of agreement. Another is the elimination of venereal disease. So far, we have found no medically satisfactory way of preventing venereal infection. Both of these goals are served when premarital, promiscuous intercourse is avoided. Thus, at this point in our social development, it is reasonable to want to restrict premarital coitus.

However, with the increased effectiveness and availability of contraceptives and with the possible future development of immunizations against venereal diseases, the social consequences of promiscuous premarital sexual relationships will change. Insofar as morality is based on social consequences, when the consequences change the moral values change. What is immoral in today's society may be moral in tomorrow's. And what is right for today's generation of young people may be wrong for a generation to come.

One way to avoid getting hopelessly involved in dilemmas is to go beyond what is presently called "sexual morality" to a broader concept of morality, one based on the use of self and one's personal freedom for the benefit of others.

Broader definitions of goals are appropriate, too, in considering the individual's personal growth and satisfaction. Here the goal is not only a sexually fulfilled person but also one who accepts and values his total self—a person who understands himself, his behavior, and his value system and who has the integrity to defend his principles. The ultimate goal is a person who can communicate with others without fear, who can reveal himself, and who can listen to and be concerned about the welfare of others.

Sexuality can never be separated from personality, nor can sexual morality be separated from social morality. For this reason the term "sex education" tends to be misleading. By emphasizing sex it pulls the subject out of a total context. Unfortunately, our culture has for a long time treated a sexual relationship as a special and separate part of personal and social relationships rather than a normal, natural use of self in relating meaningfully to a person of the opposite sex.

Now, because of the need to provide information, to correct misconceptions, and to break the spell of silence, it will be hard for any program of sex education to avoid further isolating and emphasizing the sexual components of personality and interpersonal relationships. Nevertheless, the real goal of any program must be to help in the total development of young people so that they will become the kind of secure persons described above. If we can achieve this goal, we will not have to worry about sexual behavior.

How and when?

The questions of *how* and *when* are better dealt with together, because, except for always giving children frank, honest answers and explanations, the most important point about sex education is to provide the information in a normal context. Sexual matters need to be dealt with as the natural part of a total picture, whatever that picture may be. When children are curious about their own bodies—hands, feet, elbows, and "tummies"—they are also interested in their genitals and need to know proper terms for them. When children are interested in what happens to food in the human body and in why and how we breathe, they are also interested in the excretory functions and need proper explanations about them.

Most of a child's early questions about sex are occasioned by exposure to a situation that is new to him. He sees an adult body and notes that it is different from his own; he wants to know more about it. He sees a child of the other sex and notes that the genitals are different; he wants an explanation. He sees a pregnant woman and wants to know why her

stomach is swollen, and he also may want to know how this came about. The child usually brings these questions to his mother because they occur to him before he reaches school age.

The way in which these early questions are answered largely determines what other questions the child will ask, how he will feel about asking them, and how he will feel about the answers. A parent reveals his own feelings about sex through common, everyday events in many ways. His attitudes will be regarded by his child as those of all adults, so that what questions the child asks or does not ask the teacher at school depend a great deal on the kind of reception they would get if asked at home.

In the school the teacher has continuous opportunities to answer questions bearing on sex that come up in the ordinary events of the day and in the content of every subject. From kindergarten through 12th grade, the child can be encouraged to develop a normal progression of interest in and an increasing body of information about family relationships and sex differences and functions and, in doing so, to form values and make decisions about behavior. In the elementary grades imparting information about animal and human reproduction is becoming a routine part of instruction. However, helping children understand their own developing masculinity or femininity is more difficult for the teacher because it involves a personal concept that can be discussed more naturally in the home than in the schoolroom; nonetheless, much thought about the meaning to oneself of one's sex can be stimulated at school through units in self-understanding and personality growth.

Many persons believe that the school has a better opportunity than the home to present the child with *information* regarding sex. This is partly true, at least, because teachers tend to be more knowledgeable than many parents about physiology, anatomy, health, psychology, and social problems. It is true, also, because as the child progresses through the grades the teaching becomes concentrated into subject areas, many of which relate specifically to sex and reproduction, to social-sexual-psychological development, and to social problems and health. Thus information about sex is not only a normal part of the subject matter in junior and senior high schools but is also an integral part that has to be conspicuously avoided if it is *not* to be included.

Every school subject, even one not directly concerned with sex information, has its contribution to make in helping children and young people understand interpersonal relationships, familial roles, and the relation of one's sex to these. Literature, music, art, history, and the social sciences especially offer such opportunities.

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The home and the school are not alone in having opportunities to help the child develop a mature understanding of sex. Groups such as the Boy Scouts, Boys' Clubs, Girl Scouts, Girls Clubs, Camp Fire Girls, Young Men's Christian Associations, Young Women's Christian Association, and 4–H Clubs are dedicated to helping young people develop healthy bodies and well-rounded personalities. Most of these organizations work informally with adolescents or preadolescents in small groups over a span of a few years. They offer the young person an excellent opportunity to develop a self-confident personality, including an acceptance of his sexual identity; they also offer him practice in forming intimate, meaningful relationships with others, both of his own and the opposite sex. The sexual aspects of interpersonal relationships become especially important during adolescence when cultural expectation pushes young people toward dating, and their own heightened sex drive urges them toward exploration.

It is not possible to give information without at the same time conveying attitudes, and the attitudes of adults determine the values of the young, which in turn determine their behavior. The values that young people hold are those that have been demonstrated by the persons they respect.

The churches, of course, are specifically concerned with the values in our society and more than any other institution except the home are expected to take responsibility for the development of attitudes in keeping with their religious and moral precepts. However, such value positions are only meaningful to young people if they are clearly enunciated and are demonstrated as useful in today's society.

Perhaps the most consistent informers about adult attitudes and builders of young people's ideals today are not the traditional institutions that purposefully outline and pursue programs or policies of

education but rather the mass media of communication: the television that the child watches from the time he is too small to respond to much more than the movement and the sound to the time he is able to sit for several hours absorbed in its entertainment programs and its advertisements that use sexual appeal to sell products; the magazine illustrations, the comic strips, the paperback book covers, the films that make the sparsely clad body a common sight and the seductive female or male an appealing personality. The child exists so constantly in the midst of these stimuli that as his own understanding grows they become increasingly meaningful to him. This is sex education in the context of commercialism, of entertainment, and the message it conveys, while often indirect, is powerful.

All these agencies of society—the home, the school, the community agency, the church, the mass media—bring their messages to the child in one way or another almost from infancy. Some of the messages are direct, some are subtle; they are seen, heard, felt. Some of them are quiet, some loud; some are conspicuous chiefly because of their absence. Some are true; some, half-true; some, false. Altogether they are very inconsistent. As a result our children come to adolescence confused, curious, and often determined to find out on their own.

If the adults who touch the lives of children could determine what their own values are, if they could know beyond question why they hold these values, and if they could demonstrate them in their daily living, children would get their message. If adults themselves could put sexual matters into the normal context of living, young people would be better able to do the same. The ultimate problem for adults is not so much how to educate children and adolescents as how to work out their own problems and how to convey their attitudes to the young people whose lives they influence. That adults who are significant for them do not readily have all the solutions will not distress the children nearly so much as people seem to think. Children will not feel confused about seeking many of their own answers to the problems of interpersonal, intersexual relations if they realize that adults too are honestly seeking solutions.

By whom?

Who it is that is responsible for sex education becomes clearer when we recognize that sex education is a segment of an individual's total preparation for living in a complex world of interrelatedness, and that information and attitudes specifically regarding sex are normal parts of knowledge and of a social value structure. Every adult who deals with children or adolescents in any way is likely at some time or another, in some way, to influence significantly the attitudes that help determine how a child will use himself—sexually as well as in other ways—in relation to other people.

Because most adults today have not had the advantage of growing up in a society in which the kind of sex education advocated here was available, many adults find it difficult to deal with their own attitudes and to communicate them in an open way to children and adolescents. Some adults, however, are able to do this better than others, and those who *can*, must! The opportunity that adults have to do so will largely be determined by their role in relation to the young. The parent has the longest and most intense relationship with the child and so the greatest opportunity; the teacher, the school nurse, the school counselor, and the principal each has significant opportunities from time to time, as does the youth leader, the clergyman, and the religious educator. So, too, does the advertising man, the sales manager, the editor, the journalist, the filmmaker, the television or radio director.

Where to begin?

In a wilderness that seems so vast, adults who are concerned with helping children and adolescents grow up sexually are likely to feel that it is all but a hopeless task. This, it is not. In addition to setting his own house in order and examining his own values and behavior and being open about them, the person who works professionally with young people can take a number of steps toward furthering a program of education that will make for mature sexual behavior in our society:

1. He can help other professional workers define their values and learn how to convey them to others. One of the most helpful tools for this kind of learning is the sensitivity group, sometimes called the T-group. Composed usually of about 10 persons with a professionally trained leader, the group is designed to encourage its members to explore their feelings and to interact in such a way that insight and self-understanding develop.[1]

2. He can take part in inservice training sessions, workshops, and institutes that provide the participants not only with information but also with an

opportunity to clarify their own attitudes for themselves. Because acquiring information is usually accomplished much more quickly than acquiring insight into one's own feelings, the emphasis in the most effective groups is on the exploration of the participants' attitudes.

Many universities and colleges are now offering such courses, and many more would set them up if requested.

3. He can focus much of his educational efforts on parents, especially parents of infants and very young children. Because the parental influence is so constant and so intense, what parents believe, what they convey, and what they know are crucial influences in the development of the child's sexual attitudes.

Parents, however, often have uncertainties and fears about their own sexuality that inhibit their ability to help their children—for example, a mother who does not value her femininity will find it hard to help her daughter grow up to accept and value herself as a woman.

Parents also often need some of the skill that persons in the helping professions have in giving direct answers to questions about sex, and often they also need the information itself. Some parents, for example, have misconceptions about the effects of masturbation on the developing child; some do not understand the physiology of menstruation; and some have fears and apprehensions about their own sexual functions, the use of contraceptives, the effects of menopause, or their marital compatibility.

Thus many parents might benefit from the same kind of sensitivity group suggested for professional persons. The opportunity for parents to discuss such problems in a safe, accepting group of other adults could help them clarify their own feelings and thinking and learn how to deal with intimate matters openly and frankly. Such groups might be formed through a neighborhood house, an elementary-school guidance program, a parent-teacher association, a church, or any other local organization. A trained professional leader, however, is a *must*.

4. He can make known to the molders of the mass media his convictions regarding the use—and misuse—of sexual stimuli, particularly in advertising and in entertainment. If he finds that young people are being given a false or unclear picture about the meaning of sexual maturity through any form of mass communication, he can protest.

More important than all these steps, however, is the professional person's way of dealing directly with young people. Can he be open and willing to share his time, thoughts, and knowledge with the questing young? Anything less is not enough. The young have the right to honest answers—even when the adult's answer must be that he does not know or is himself confused.

And so—

Helping children grow into sexual maturity is not easy for a generation of adults who have grown up in a society frightened of sex. It can only be done by breaking through the silence and half-truths that have obscured their own knowledge and feeling and by establishing a broader objective than mere "sex education." This means striving for the development of the whole personality, for producing a man or woman able to feel genuine concern for the welfare of others, eager and able to establish intimate relationships with others, desirous of parenthood, and capable of assuming the responsibility of his own freedom.

Professional workers concerned about young people need to clarify their own attitudes and values and to develop ways of communicating them to others. When they do, they can be of special help to parents and to other professional workers—teachers, nurses, school counselors, principals, social workers, youth leaders, clergymen. They can influence the mass media's interpretation of sex and interpersonal relationships. They can help young people with the problems troubling them, always keeping sexual information in the context of the whole person, being honest and frank, and admitting that along with the young people, they, too, are *seeking*.

[1] Bradford, L. P.; Gibb, J. R.; Benne, K. D. (eds.): T-group theory and laboratory method. John Wiley & Sons, New York. 1964.

A good motto for any investigator of the subject [the sexual behavior of adolescents] would be this: whoever asks questions must expect to be told lies.

D. W. Winnicott, child psychiatrist, Paddington Green Children's Hospital, London, in "The Family and Individual Development," Basic Books, Inc., New York, 1965.

some practical suggestions for the school . . .

starting a SEX EDUCATION PROGRAM

LESTER A. KIRKENDALL • HELEN M. COX

Growing public interest in sex education across the Nation has resulted in efforts to "start" sex education programs in many communities. Typically, these efforts are involving physicians, nurses, social workers, religious leaders, and members of civic groups, as well as teachers and school administrators, many of whom are puzzled about where and how to begin a program on a topic often denied formal recognition because of repression and fear. Since our experience has been with sex education programs in the schools, our discussion will center on what we have found to be successful methods of developing sex education for both the community and the school.

The school "starting" a sex education program can "start" in a relative sense only. Sex education, broadly defined, occurs inevitably in both home and school. The student learns something about reproduction in biology class; about family life in social studies; and about love between the sexes in literature classes through poems, plays, and novels. Both at home and at school he sees men and women relating to each other with love or hostility. He notes that sex is treated openly, ignored, or evaded. Though much of his learning is nonverbal and attitudinal, it is learning. For this reason, any school, any community is fully warranted in saying that it is "expanding and improving" rather than "starting" a sex education program. In presenting the idea of formal sex education in the school to the public, school officials would do well to keep this in mind. The public is less afraid of expanding than of innovating and has more confidence in the judgment of school officials who have forged ahead than of those who, because of fear or indifference, have neglected an important aspect of education.

Scope and content

For almost everyone, "sex education" means teaching what is actually the "physiology of the reproductive systems," an essential aspect but far from all of it. We need a broader idea of sex education than this—such as that offered by the Sex Information and Education Council of the U.S. (SIECUS), an interdisciplinary organization founded in 1964 to "establish man's sexuality as a health entity" and "to dignify it by openness of approach, study, and scientific research."[1] SIECUS maintains that every comprehensive sex education program should present these six aspects: biological; social; health; personal adjustments and attitudes; interpersonal associations; and the establishment of values.[2]

Most school authorities are reluctant to commit themselves to *a course* only, and we think rightly so. If sex education could be limited to a course in reproduction or to one explaining the "facts of life" and these "facts" would meet all the child's needs throughout his school years, giving sex education in one large dose might be practical. But this is impossible, we believe. Sex education should be presented from many angles. It should keep pace with the child: it should grow as he grows and widen as his experience widens.

The idea that sex education should be woven into education from the kindergarten through the secondary schools and should involve all pupils and most teachers has recently gained great momentum. Sometimes, specific units on reproduction are appropriate; at others, information about sex is part of other courses such as home economics, literature, and social studies. Both elementary and secondary schools can show films on puberty in health classes and can hold discussions on reproduction on a level with the age of the pupil. For example, the program offered by the San Diego school system includes sex education in its health education program in grades 6 through 12. Specially prepared teachers provide the instruction, and in junior high school boys and girls are separated by sex for most instruction. The San Diego system has found that separation permits frank discussion of such matters as masturbation and homosexual play. A class at Longview, Wash., did a survey and an analysis of sex slang. Many schools include sex-related topics for discussion in a "senior problem" course. Still others include instruction on attitudes toward and standards for sex in secondary school courses in family living. The Toms River, N.J., high school has had such a course since 1938.

The school system of Anaheim, Calif., provides a 5-week program of instruction in family life and sex education for each grade, 7 through 12. The teachers for the program are prepared through special inservice programs, and the instruction time is taken from that allowed for physical education. Emphasis changes from grade to grade: in the seventh, it is on self-understanding; in the eighth, philosophy of life and ethics; in the ninth, dating; in the 10th, sex standards; in the 11th, communication and solving problems; and in the 12th, family life and child development. Boys and girls attend together.

Since 1946, the high schools of Hayward, Calif., have offered a family life-sex education program in the social studies curriculum running through the entire 4 years. Each student as he enters high school is assigned to a teacher-adviser who will be his "counselor" on all educational and personal matters through his 4 years. This same teacher-adviser will also teach a ninth grade unit in personal adjustment and self-understanding and a 12th grade course in family living for all the students he advises. In this instruction, attention is given systematically to sex information and attitudes. At the same time personal help is available through the counseling relationship the teacher has with the students he advises.

Each school's program will be unique according to its own needs and the capacity, interests, and in-service training of its teachers. It will change as the school's needs change and as new teachers join the staff and others leave it.

Does this mean that a planning committee's hope for patterning a program on some curriculum as outlined by some other school is illusory? We say, yes and no! It is illusory if the committee thinks it will find the answer to all its problems in the plan of another school; it is real if by studying the plan of another school the committee finds guidance. Each school or community will need to work out its own program.

A few guides giving general directions are available, however. The education and health departments of several States, New Jersey and Illinois, for example, and the school systems of several cities, including Detroit, San Francisco, Denver, and St. Louis, are preparing or have prepared guidelines on sex education and family life programs. The American School Health Association has just issued a document setting forth principles tested by several communities [3] that includes suggestions on teaching for each grade, an extensive bibliography, and an annotated list of films and filmstrips. The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association have published a series of pamphlets on sex education for the schools and for parents. Many Catholic, Protestant, and Jewish groups have prepared materials concerning sex education. The national board of the Young Women's Christian Association has prepared a "sex morality teaching kit" for discussion leaders. And SIECUS publishes guides, reprints of articles, and a quarterly newsletter on new research, publications, and inservice education.

Dispensing with fear

Efforts to start sex education programs run over and over again into the same kinds of fear and uncertainty, the same misconceptions that have hampered effective sex education programs for years, particularly the fear of the sex impulse itself and of harsh public criticism.

The fear of the sex impulse itself originates in the widespread belief that this impulse is extremely difficult to control and will, at the slightest opportunity, express itself in irresponsible, exploitative, damaging behavior. Freudian concepts support this view; our experience does not! We believe rather that hon-

est, objective, open consideration of sex allays fears and curiosity, makes guiding the sexual impulse easier, and works toward a responsible outlook.

Adults often think that embarrassment in a child when sex is discussed means he is "taking it wrong" or is "not ready for so much." But we think it means that he was ready for proper sex education some time in the past but got only the miseducation that is inevitable when fear blocks positive education.

The requests we have received from school officials for carefully graded curriculum material seem to reflect fear. These officials are seeking absolute certainty when they ask what should be taught at each grade level. Sometimes the inability of the "authority" to whom the request is made to be specific is used by school officials to rationalize the contention that "we just aren't ready for sex education."

Parents, too, are often immobilized by the fear of sex and their own ignorance of how to handle the subject with their children, and they carry their fears over when dealing with the school.

Fear of adverse public opinion often hamstrings school officials in their efforts to start sex education programs. They may not realize that most opposition comes from vocal persons representing a small minority. Some critics object to sex education in the school because they fear that, as a consequence, their children will confront them with questions about sex, or they fear that the school is usurping parental rights. Others have a grievance against the school in general, and the sex education program provides a convenient point of attack.

The elementary schools of Bethel District, Eugene, Oreg., after 5 years of work, offer a sex education program that has been strongly supported by parents and community leaders. Efforts to obtain support for the program began when a school nurse held informal discussion groups with parents to help them handle sex education at home. Her work pointed up the need for sex education and led the parents to request the schools to offer formal sex education. School administrators at first thought that efforts to meet their request would court adverse reactions from the community and hesitated to move. At this point the parents from whom the request had come turned to other parents to get their support. When the administrators found that the public was for the program, they met with the public to discuss what the schools should do. The supporters of the proposed program exhibited salacious magazines along with the one sex education book in the school libraries and showed a film on human growth to parents, who were then asked whether they were for or against showing the film in the schools. The parents voted overwhelmingly in favor.

School officials can often forestall or minimize opposition by involving the community in planning; informing the public in advance of the purpose and objectives of the program; and carefully selecting teachers. When sex education is well handled, the public rarely criticizes. For example, in 4 years the Petaluma, Calif., public school system received only three adverse telephone calls about its sex education program for ninth grade students. In this system the school administrators presented the idea of sex education to the parents and showed one film before the program started. Sensing no objection, they went ahead with the program. Parents were kept informed at the meetings of the parent-teacher association, and students were urged to keep their parents informed about what was going on in class and to show them the books and pamphlets being used. Similarly the Kansas City, Mo., public school system received in about 4 years only two calls critical of its open-circuit television lessons for junior high school students—and these calls were critical of the followup discussion only, not of the broadcasts themselves. The schools made the sex education material an integral part of all instruction and tried no harder to prepare the community for the broadcasts than they would have tried if the material had been on, say, proper dieting.

The best way to obtain public support for a sex education program is through the school's normal relations with the public. The more sex education can be set within the normal program the less it will be singled out as unusual and threatening.

In many localities parent-teacher associations will help explain the program to the community. Or a citizens advisory group may be helpful, for it can speak with more authority and with less defensiveness than school administrators or members of the

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school board. The school system in Anaheim, Calif., for example, set up a successful family life and sex education program with the help of a citizens advisory group representing a family service organization, the ministerial association, and civic groups. It also holds a yearly orientation meeting for parents during which school officials thoroughly discuss the program with them. This measure has helped offset the influence of a "radio attack" on the program.

We do not favor asking parents to decide whether their children may attend a sex education program. Such a policy implies fear and uncertainty in school authorities and brands sex education as something "different." Sex education should be considered as much a part of the school program as courses in health, English, science, and social studies—in fact, it should be part of these courses, as we have said. If it is an integral part of these courses, why should permission to attend be asked for or granted? Also, who determines when "sex education" is being conducted rather than "health" or "science"? If, however, school administrators feel that the issue of parental permission cannot be bypassed, we favor making it necessary for the parents who object to write the school to this effect. Putting the responsibility on the parents will probably encourage them to give serious thought to the matter before they make a formal request.

Other considerations

Overcoming fear is only one aspect of setting up a sex education program. Other aspects to be considered include teacher competency, whether teaching religion is involved, possible conflicts between the school and the home, the contribution young people can make, the public's expectations, whether to hold separate classes, and the support that can be expected.

Teacher competency. Whenever possible, the school should select teachers with the ability to communicate effectively with children and young people. If they are not prepared when selected to conduct sex education, they can make up for their lack of experience in summer workshops and inservice programs. The training they receive should offer more than just facts, however; it should give them opportunities to analyze their own attitudes and to resolve the problems this analysis raises. Furthermore, school systems are recognizing that a continuing need for inservice programs exists. The Anaheim, Calif., school system has offered inservice training to its teachers since its sex education program began. The schools of Hinsdale and Downers Grove, Ill., are including inservice education in the plan they are developing.

Experience and research show that effective teachers for sex education programs may come from any field; they may be men or women, married or single, parents or childless.

Is religion involved? Some argue that sex education cannot be conducted in the school because sex education without moral education is dangerous. In their view, moral education cannot be included in sex education because "moral" education means "religion" to them, and the teaching of religion is forbidden in public schools. Yet moral principles governing property, truth, and respect for the rights of others are taught in public schools without involving religion. Sexual morality is no different from the morality involved in other human relations in a society emphasizing responsibility to others.

Developing in the young person the ability to make responsible decisions is one of the most important objectives of sex education. A sex education program for young people, therefore, should present contrasting views on such issues as early marriage, divorce, abortion, family planning, pornography, homosexuality, population control, and the control of venereal disease. A frank discussion of all issues will give young people a basis for making decisions when they are adults.

Home as opposed to school. Does the school usurp the responsibility and rights of the home when it offers sex education? Those who say it does assume that if the school offers no instruction parents can and will do the job adequately, an accurate, realizable assumption in very few cases. But, even were they right, they do not see that the school miseducates if it evades all reference to sex and that it cannot always ignore sex: incidents with sexual connotation occur from time to time in the school and school officials have to respond to them. Moreover, the school, far better than the home, can prepare young people for the wide range in attitudes about sex they will meet.

Sex education programs offered by schools and community agencies outside the home can afford young people opportunities to talk frankly with understanding adults in ways that will improve their self-esteem and hasten their maturity. Such programs can also provide opportunities for young persons to talk among themselves in a wholesome atmosphere, can give them the guidance and knowledge they need to discuss sex among themselves, and can help them internalize a value system based on

democratic interpersonal relations through these discussions.

Participation by young people. We find that including young people in the planning of a sex education program in the secondary school can greatly improve the program. Young people, by their frankness and objectivity in discussions, can allay the qualms of many adults about their attitudes and motivations. We have seen this happen during planning sessions, on youth panels, and in public meetings. Young people can interpret the program to their families and to the community and they can help determine what the program should include. To plan a program without their help may be a waste of time and effort. Adolescents and adults live in different cultures, and there are subcultures within the adolescent world based on race, socioeconomic status, and religious and family background. Program planners can be aware of the special needs of each adolescent group only through young people themselves.

Public expectation. Sex education programs are often "sold" to the public in a way that excites overoptimism about what they can do to reduce the rate of venereal disease, premarital pregnancy, homosexuality, and other ills associated with sex. Although we can all hope that sound sex education will help overcome these ills, their causes are so complex and their roots so deep, it will take far more than sex education to rid us of them. To use data on their prevalence to obtain support for sex education programs without recognizing the social pathology associated with these ills is to arouse false expectations.

Mixed or separate classes? Many people are uneasy about having boys and girls together when sex is discussed. In many schools direct instruction on sex is given by the physical education or home economics teachers because boys and girls are separated naturally in their classes. No hard-and-fast rule can be laid down on the issue of separate instruction, however. Ideally, successful sex education will enable boys and girls and men and women to discuss sex objectively with one another and in groups. However, because boys and girls mature at different ages and teachers vary in their ability to deal with mixed classes and the subject itself, separation for discussion of some aspects is sometimes desirable. In fact, boys and girls may seek opportunities for separate discussions, probably because they feel freer in unmixed groups to discuss such subjects as masturbation, menstruation, and the functioning of the sex organs. But the need for separate discussion groups should practically vanish by the time students reach senior high school, for the idea that the sexes should be separated because sex is being discussed is outmoded, it seems to us.

Support for sex education. School officials would feel less uncertain about the effects of such programs on the public if they knew how much support for sex education there really is. To illustrate:

Several Federal agencies have been giving active support for some time to programs preparing young people for marriage and family living. The Public Health Service, in its regional conferences, has been urging the schools to offer sex education. The Office of Education makes grants to support programs to prepare teachers for sex education programs and to educational institutions and community agencies to start or to improve programs in family life education and sex education, and last year helped SIECUS hold a national meeting.

Many national organizations are supporting sex education programs. The American School Health Association, at its national meeting in 1966, urged the schools to develop suitable programs of sex education for all children and young people. The American Association for Health, Physical Education, and Recreation has also passed a resolution to the same effect. Several divisions of the National Education Association and the National Congress of Parents and Teachers also have policies supporting sex education programs in the schools, and SIECUS is supporting national efforts to promote sex education.

THE SUCCESS OR FAILURE of these efforts or of any others is determined at the local level. If good public relation principles are followed, if young people and adults in the community are involved in the planning, if the public is fully informed of the scope and purpose of the program, and if teachers have an opportunity to overcome their hesitation, the fear regarding sex education programs can be overcome and a school can offer a good sex education program.

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645 DAYS of MATERNITY and INFANT CARE

KATHLEEN A. SWALLOW, M.D. • GEORGE H. DAVIS, M.D.

Care for the medically indigent mother and child in most large cities has been, by tradition, provided by two separate services. The obstetrical care has generally been hospital orientated; the pediatric care has generally been given in well-baby clinics and hospital outpatient departments; and there has been little continuity in either. Much of this is changing under the impetus of the maternity and infant care projects for mothers and infants in high risk of morbidity, financed by the Children's Bureau.[1] Each project has its own way of going about providing continuity of high-quality medical care for such mothers and infants. The design in Baltimore, to be described here, was developed to cope with the particular problems in that city. It was based on the theory that continuity of care is necessary from conception through the 40 weeks of gestation, delivery, and in the following months until the infant is 1 year of age—a total of 645 days.

Since 1950, Baltimore has experienced a change in population, with a decrease in the higher social economic portion and an increase in the culturally deprived, medically indigent portion, situated largely in the core of the city. These changes are reflected in the indicators of maternity care. In 1962, Baltimore City maternal mortality was 5.4 per 10,000 live births, as compared with 3.8 for all the counties of Maryland, excluding Baltimore City. Infant mortality was 32.9 per 1,000 live births, compared with 22.6 for the counties. Perinatal mortality was 42.1 per 1,000, compared with 30.5 for the counties. The premature birth rate was 12 percent of all live births in the city, compared with 7.8 percent in the counties; and in some areas in the city was as high as 30 percent. In 1961, little or no prenatal care was reported for about 30 percent of the mothers living in 19 census tracts in the center of the city.

Efforts to improve maternity care for the low-income population of the city had started in 1954 with the local health department's establishment of a maternity interviewing center staffed by an obstetrician, a public health nurse supervisor, two clerks, and a maternity interviewer (a high school graduate trained by the health department to take obstetrical and medical histories). At that time, the center's physician examined only emergency patients. Others were referred for examination and care to the health department's seven prenatal clinics, the maternity service of the public Baltimore City Hospitals, and the three voluntary hospitals that would serve Negro patients.

From 1954 to 1964, as the other hospitals in the city lifted their racial restrictions, new obstetrical beds became available to Negro patients. Sixteen hospital maternity services—including those of 15 voluntary hospitals—now make no racial discrimination against patients, and these are all participating in the project, as are the health department's prenatal clinics, now consolidated into six.

Mothers in the project can choose among the participating hospitals for delivery—and in some instances for prenatal care—except in cases in which a specific hospital is indicated by a condition found in the mother at the time of her registration and examination at the new maternity center, which was established with the initiation of the project in 1964. For example, mothers with known psychiatric prob-

lems are delivered at hospitals with psychiatric services. About half the mothers in the project receive their prenatal care from the health department's prenatal clinics and are delivered at the Baltimore City Hospitals.

The risk register

The legislation under which the project gets Federal support—the Maternal and Child Health and Mental Retardation Planning Amendments to the Social Security Act (1963)—encourages the provision of high quality comprehensive maternity and pediatric care for mothers and infants in low-income areas, especially mothers and infants at high risk of developing physical or mental handicaps.[2] Therefore, the Baltimore project has created a maternal "high-risk register" that lists those conditions known to have had deleterious effects on mothers and infants. This list is used to screen out for special attention—first by the examining obstetrician and then by representatives of the project's nursing, social work, nutritional, and dental staffs—those mothers who have high-risk conditions of any kind. High-risk conditions that develop or become apparent at any time after the mother's registration are reported from the clinics, and appropriate action is taken.

Use of the "risk register" permits clear-cut assignment within the project of responsibility for following through to meet the mother's special needs, whether through the family, community agencies, or the various services within the project. For example, the register clearly indicates that all mothers aged 16 or under, all over 35 having their first pregnancy, all over 40, and all of any age who register late or who have histories of poor clinic attendance must have intensive nursing followup, as must mothers with such chronic conditions as kidney disease, diabetes, malnutrition or obesity, or mental retardation; and that of these groups all mothers 16 or under as well as all mothers who are mentally retarded must see a social worker and all mothers with kidney disease or diabetes must be offered intensive consultation by a nutritionist.

Eighty percent of the 6,243 pregnant women who came to the center in 1965 were found to be at risk for one or more medical conditions. Ten percent were at risk for obstetrical reasons only such as toxemia, pelvic dystocia, previous Caesarean sections previous delivery of low-weight infants, stillbirths or miscarriages. Thirty percent had obstetrical risks combined with medical or social risks. Five percent had combinations of risks of all three types. Anemia of pregnancy occurred alone in approximately 6 percent of the mothers. Approximately 40 percent of those registering were 19 years of age or under; 6 percent were 15 or under.

With the initiation of the project, the maternity center, its point of intake and the springboard for the 645 days of continuity of care, was moved from its original location in a former city garage to a warehouse in the center of the city accessible to all city dwellers. Furnished comfortably to help the patient relax, it has sufficient staff and equipment to make it possible to give complete medical and dental examinations to all registering mothers and to plan a program of followup care for each.

Staff and services

The project's staff includes nurses, nurse midwives, physicians, interviewers, social workers, nutritionists, laboratory technicians, health aides, and clerical and statistical workers, some assigned to the center, some to the district prenatal clinics, and some to the hospital clinics. It also includes a health information officer whose job is to make the project's services and the importance of early prenatal care known throughout the city, especially in neighborhoods that have shown poor use of health services.

All expectant mothers who come to the center are given an obstetrical examination by an obstetrician. Those found not to have high-risk medical or social conditions are helped to make appropriate arrangements for their medical care through resources outside the project.

When the patient comes to the center, the first person she sees after the receptionist and the laboratory technician is an interviewer, a nonprofessional person trained to take medical histories. The history is sent in to the obstetrician, who reviews it with the patient, gives her a complete examination, and explains his findings to her. This takes from 15 to 30 minutes.

After the medical examination, the patient sees representatives of whatever other services the initial interview and the obstetrical examination have indicated she needs—social work, dental, nutritional, or financial assistance. Her last interview at the center is with a public health nurse, who makes certain the patient knows where she is going for prenatal care and delivery. The total amount of time required on each case for the obstetrical examination, laboratory tests, the initiation of services, and the making of

arrangements for prenatal care and delivery usually runs from 2 to 2½ hours.

Dental service. Dental services were added to the maternity center in June 1965. The dental suite contains a small reception area, a room with three dental chairs, an X-ray developing area, a recovery area, and an office. The service is staffed by five dentists—one full time and four part time—a dental hygienist, and a dental assistant.

Every high-risk mother has a dental examination on her initial visit to the center. Her mouth is examined, instruction is given her on the proper care of the teeth and gums, and if she needs dental work she is given an appointment for another visit. The clinic does periodontal therapy, fillings, and abstractions, emphasizing the prevention of periodontal disease, treatment of gingival disease, and the preservation of teeth. Dentures when necessary are made by private dentists on contract with the project.

The mothers keep their dental appointments better than any other type of appointment.

Nutrition services. The project's nutrition services have been created because the nutritional state of the population of the core of a city like Baltimore leaves much to be desired. Rents absorb much of the family budget and leave little for food. For example, a family of five with an income of $200 a month may be paying as much as $100 for a two-bedroom apartment, leaving $100 for food, gas, light, clothes, and incidentals. Moreover, stores in slums offer food of lower quality and less variety than stores in outlying shopping centers, and their prices tend to be higher. The same kind of meat may be 10 cents more a pound in the Druid Hill central city neighborhood than in the suburbs. Then, the food habits of many people in the slums do not lead to optimal nutrition: they tend to prefer the starchy, filling foods like bread and potatoes to green and yellow vegetables, and cannot easily change their diets.

The nutrition staff consists of five nutritionists. One is always available at the maternity center to provide individual counseling to high-risk patients. In the districts, the nutritionists work with the physicians, nurses, and directly with the mothers in the pediatric assessment clinics, in the postpartum clinics, and in all prenatal clinics.

The dearth of simple nutritional material directed to persons with little reading ability has stimulated the creation of a number of simple pamphlets to explain the basic rules of good nutrition and the modifications in diet required by pregnancy and various other physical conditions. The service has also developed recipes and menus using inexpensive nutritious foods.

The nutritionists have observed that the main nutritional problem of low-income pregnant women is how to obtain adequate amounts of protein, iron, and vitamin C. Forms are being developed to help pinpoint the patients who are lacking in these dietary elements and for what reason.

The project's chief nutritionist attempts to coordinate the nutritional instruction given the patients in the health department and hospital prenatal clinics, a difficult process because it entails the cooperation of the dietitians and doctors at the 16 hospitals. The purpose of the liaison is to achieve continuity in nutritional advice throughout pregnancy.

Nursing services. Because of the heavy demands on the obstetricians and pediatricians manning the clinics and hospital wards used by the project, it seemed not only impractical but also impossible to assign each patient to a specific physician for a continuous followthrough from her first appearance for prenatal care through the first year of her child's life. Thus the decision was made to rely on the nursing services to achieve the goal of providing continuity of care to each patient in a one-to-one relationship with a professional person. This is achieved through the nursing staff of the Baltimore City Health Department, augmented by 30 project nurses. The latter include two nursing consultants—one in maternity nursing and the other in pediatrics—five nurse midwives, one nursing supervisor, and 22 public health nurses. The project nurses are melded into the staff of the city health department's division of nursing, which includes about 250 nurses in all.

The public health nurse assigned to the neighborhood in which the patient lives is the person who provides this continuous one-to-one relationship to

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the patient by visiting her in the home and being available to her through the district health center where the health department clinics are located. Before she leaves the maternity center, the patient is told by the nurse there that the district public health nurse will be her source of help for any problems that arise, whether medical, social, or financial.

To provide continuity of care for patients who receive their prenatal care at hospital clinics, as well as for other patients at the time of delivery, the project has placed "liaison nurses" in the four hospitals caring for the most patients. The liaison nurse has many contacts with the mother and her baby. She attends the hospital prenatal clinics so that she can alert the district nurse to the additional needs of the patient; she is alerted in turn by the district nurse to the special needs of patients coming from the health department clinics to the hospital for delivery. She is aware of the needs of the frightened primipara or the seriously ill patient, and, when possible, she accompanies such patients to the hospital's delivery floor. She visits the hospital's postpartum wards and the nurseries for premature and newborn babies. One of her most important functions is to encourage the new mother to return to the clinic for her postpartum visit and, if the mother wishes, for family planning service.

The nursing service also provides continuity to the project's family planning program. In the maternity center, a volunteer worker from the Planned Parenthood Association acquaints the mother-to-be with the services and methods available. Later, an interested mother has an opportunity to discuss the planning of her family with the public health nurse on home visits, the liaison nurse in the hospital, and again with the public health nurse at the postpartum examination, which is given 4 weeks after the birth of the baby. At that time, if she decides she wants such service, it is given immediately. She has her choice of three methods of birth control. At the present time, "pills" are the number one choice of the patients, but the number of women choosing "IUD" insertions is steadily rising. Foam is available but is not often selected. Patients desiring other methods, such as the rhythm method, are referred to the appropriate clinics. About 4,500 women have received family planning services since the beginning of the project.

The nursing service also provides continuity between the home and hospital in the care of prematures born at the Baltimore City Hospitals. The liaison nurse attends the hospital's conference to evaluate prematures. Here the medical, social, nutrition, and nursing services are coordinated so that by the time the infant is discharged the hospital staff knows that the home is prepared to receive him and the district nurse has accurate information on how to continue the care of mother and child in the community. The liaison nurse also attends the hospital's followup clinic for prematures. At the end of each clinic session, she meets with the chief of the premature service, the chief pediatric resident, and the hospital social worker assigned to this clinic to discuss the problems of the infants examined.

Usually only about half of the 60 or so babies scheduled for this clinic are brought in. Those who do not appear are given new appointments at the clinic or are visited at home by the district nurse. If the records indicate that the premature infant is developing satisfactorily, his case is referred to the city well-baby clinic nearest his home.

Pediatric services. Pediatric care is provided through the health department's 34 well-baby clinics, nine special pediatric assessment clinics, the participating hospitals' premature nurseries and outpatient departments, and private physicians practicing in the neighborhoods served by the project.

In planning the pediatric services, a second "risk register" was developed. This lists conditions from the mothers' "risk register" not resolved by delivery, conditions arising out of delivery that may influence the infant's development, and conditions that may occur in the next 365 days to change his developmental course. With the help of the district nurse, close followup is made on all babies born to high-risk mothers as well as on other infants with conditions listed on the infant risk register. The most common high-risk conditions found in babies delivered under the project are low birth weight and iron deficiency anemia. "Failure to thrive" occurs frequently enough to be considered a major problem requiring the provision of many coordinated services—nursing, nutrition, social work, psychiatry—and a working together of hospital inpatient and outpatient divisions.

The pediatric record includes pertinent information from the hospital's record made at the time of the infant's birth: information on sex, race, weight, length, head circumference, any physical defect noted in the newborn examination, the Apgar rating (based on observations of the infant at birth and 5 minutes later), results of laboratory tests, and any illness arising in the newborn while in the hospital.

Followup of each infant's progress involves systematic observation and evaluation, with the use of

three forms based largely on forms developed by the Collaborative Perinatal Research Project at the National Institute of Neurological Diseases and Blindness, National Institutes of Health. Two of these forms are filled out by the nurse, the third by the pediatrician. Each time the nurse sees the infant at home or in the well-baby clinic, she uses a form on which she notes illnesses, accidents, or any pertinent events that have occurred since she last saw the infant. This form also provides for notations about the physical and human environment of the home. Thus, it provides the pediatrician who reviews it with important information about the infant's progress and environment as seen through the nurse's eyes. At 3-month intervals the nurse also makes notations on another form, called the development achievement form, which indicates whether the infant has achieved the expected performance level for his age. The reviewing pediatrician can then correlate whatever lags are noted with the prenatal, delivery, and illness experiences of the infant in making a plan for action.

The third form is the 6-month examination form. This is filled out by the pediatrician in whichever of the nine special pediatric assessment clinics the infant is examined. This form is used to assess the child's physical and neurological condition and the mother-child relationship. It is precoded to reduce writing time to a minimum to leave the major part of the physician's time for examination of the infant and consultation with the mother.

All infants with high-risk conditions or born to mothers who had high-risk conditions during pregnancy are given appointments for pediatric examinations at these special clinics at about 6 months of age. A hematocrit is taken on each infant at the time of the examination. The infant is also seen by a nutritionist who counsels the mother concerning feeding. When conditions indicate that special attention is required, the pediatrician refers the case to the project's social services, the nursing division, or a community resource—hospital, physician, or social agency.

Each infant is given a screening test for auditory, motor, and visual defects at about 8 to 10 months of age by the United Order of True Sisters. One method tests both hearing and motor development. Infants who fail to pass this test on two occasions—about 8 percent of all—become "high risks" and are seen by a project pediatrician who decides whether referral to an otological or a neurological clinic is indicated. The visual test is focused on the presence of strabismus. The records are reviewed by an ophthalmologist, who sees suspected cases. Thus, treatment can be started early to preserve binocular vision.

Keeping tabs on baby—a normal procedure with all infants born in Baltimore's maternity and infant care project.

Screening for inborn errors of metabolism is confined to efforts to detect phenylketonuria. Each newborn is given the Guthrie blood test before discharge from the hospital, a practice now compulsory in the State of Maryland. In addition, the public health nurse following the child tests his urine with ferric chloride several times during the following 6 months.

All the forms filled out on the infants are turned in immediately to the maternity center. There the chief pediatrician reviews them along with previously obtained records and makes decisions on what further services are needed. Action in the district can be obtained from the maternity center in a few days—1 day if requested by telephone, 3 or 4 if by memorandum.

At the end of the 365 days, the project pediatrician reviews all findings, noting what lags in development exist and the immunizations and screening procedures the infant has been through; summarizes the events of the year; and, if continued supervision seems to be required, refers the case, with a summary of the findings, to appropriate community services.

Social services. The project's social service section has three major functions: identifying cases with social or family problems requiring special services, referring such cases to appropriate community agencies for help, and stimulating the development of community resources to meet the patient's needs. These functions are carried out by a staff of nine social workers. One social worker interviews at the center all patients having conditions designated for social service attention on the maternal high-risk

register, as well as other patients referred by the obstetrician; one acts in a liaison capacity between the project and the social service departments of the participating hospitals; one works with community agencies to develop the kinds of services needed by the project's patients; one works with the pediatric nursing consultant; and the others work with the nurses in the health districts.

The high-risk register designates for interviews with a social worker at the center the unmarried, adolescent, mentally retarded, alcoholic, or epileptic patients; patients with a history of psychosis; patients who express a desire to give the coming baby up for adoption; and patients with serious financial or family problems.

Many community agencies, public and voluntary, are called upon to bring the patients the services they need, but overall responsibility for resolution of the problems remains with the project. The center avoids duplication of effort by keeping concisely written information flowing to and from the agency or hospital involved. When no community agency is available to provide social casework service to the patient in need of it, as when a hospital to which the patient is assigned lacks a social service department, the service is provided by one of the project's district social workers.

Social needs that arise or first become apparent after the patient leaves the center are referred by the nurses or pediatricians to the project social workers at the district health centers. This happens especially when infants appear to be neglected or mothers exhibit no warmth toward their children or fail to bring them to the clinic—all indications of a deficit in mother-child relationship that may be detrimental to the child's healthy development.

When the child is a year old, a social assessment is made to determine whether the social services provided have improved the outlook for health of both mother and child.

Psychiatric services. From eight to 10 women already diagnosed as mentally ill register at the center every month. Others show symptoms of severe emotional disturbance—often connected with an unwanted pregnancy—or develop such symptoms as the pregnancy advances. A psychiatrist on the project's staff part time works with the obstetricians, nurses, and social workers to help them in identifying, assessing, dealing with, and finding the appropriate treatment for such patients.

Prior to the establishment of the project, the health department had no means of referring maternity patients to hospitals with emergency psychiatric services. Now four of the project's participating hospitals will accept such emergency admissions, and consequently delays between the outbreak of symptoms and treatment are reduced. In such cases the psychiatrist assumes responsibility for following through with the hospital's recommendations on the patient's release to the community.

Toward evaluation

The project's record system is designed to fulfill three needs: (1) to have all medical, hospital, dental, social, nutritional, and financial information about the mother and infant readily available in one file; (2) to keep pertinent information flowing smoothly between the maternity center and the district health centers and the participating hospitals; (3) to provide statistics that will not only show volume of care but also help in evaluating the service.

A master index with each mother's registration number makes it possible to locate any mother's record in the file within a few minutes. It also alerts the project when records are due from hospital, prenatal, postpartum, pediatric, or family planning clinics, so that patients are not lost to followup care.

The project is gathering data on the occurrence among its patients of maternal mortality, infant mortality, fetal wastage, prematurity, congenital anomalies, and physical and neurological lags in normal development in the first year of life. At this writing final results are not in, but we have some indications that the screening methods used and the high quality of interdisciplinary obstetrical and pediatric care provided through the project have given the infants of high-risk mothers a better chance of survival.

But we know that many infants would have an even better chance of survival if there were adequate community welfare services for patients who are at high risk chiefly because of social problems—as in cases of pregnancy out of wedlock or in adolescence or of anemia stemming from inadequate food intake. To lower such risks, much more has to be done by the community as a whole.

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VOLUNTEERS in INSTITUTIONS for DELINQUENTS

ELIZABETH H. GORLICH

"I just want to write and let you know that I am very pleased with my volunteer visitor and I also want to thank you for making it possible for me to be engaged with such a wonderful person."

So wrote a girl to the superintendent of a California institution for juvenile delinquents. Through the institution's volunteer program, this girl, whose own family could not or would not visit her, had been reassured that someone on the outside cared. After all, the staff is paid for the attention they give; the volunteer gives her attention free—because she cares.

The administrator of this institution has no question about the positive values of using volunteers in direct service to the girls. Unfortunately, however, while much of the standard-recommending literature in the institutional field advocates the use of volunteers,[1, 2] only a few institutions have well-developed volunteer programs.

The number of persons who work as volunteers in the broad health and welfare field would be difficult to estimate, but a figure in the millions would not be an exaggeration, and the number seems to be increasing.[3] There are many reasons why institutions for juvenile delinquents have not fared so well as other types of agencies in benefiting from their services. Such institutions have traditionally been located in areas remote from the centers of population, thus creating problems of transportation. The children they contain do not attract the sympathy of volunteers so readily as do the children in other programs.[4] Most people find it much easier to share their time and energy with an abandoned or bedridden child than with a child who causes the community all kinds of trouble by stealing, mugging, or shoplifting. Nevertheless, delinquent children need the warmth, understanding, and personal interest from an adult as much as any other child.

Another deterrent to the use of volunteers in institutions for juvenile delinquents is reluctance on the part of the administrators. Some fear the possibility of conflict arising between paid staff members and volunteers. They know that the staff's failure to understand the role and responsibilities of the volunteer can prevent the volunteer from making as valuable a contribution as he might. Distrust of the volunteer has not only thwarted some volunteer programs but has also caused the potential contribution of volunteers to be underestimated.[5]

The question sometimes raised is whether this potential contribution is worth all the careful planning, interpretation, and supervision required to overcome staff antagonism toward the use of volunteers and help the volunteers to be effective. When the volunteer is regarded as filling a need only a volunteer can fill rather than as just providing an extra hand for the paid staff, the answer can only be in the affirmative. A look at some of the needs of children and adolescents who have been committed to institutions and at some of the ways volunteers have helped meet these needs will indicate how distinctive the volunteer's contribution can be—and sometimes is.

The special contribution

The overwhelming burden of institutionalization, especially for juvenile delinquents, is the removal from normal community life. Most States have only two institutions for delinquents, one for boys and one for girls. This means that the young people committed to them by the courts are removed some distance from their home communities to places where the only people they see daily besides the institution's staff members are other young people who have been adjudicated as delinquent. Their opportunities to relate to persons who live in normal communities are few, yet their need for continued communication with the

outer world is great. Volunteers and staff members bring the outer world into the institution on different bases.

In some places, as in the institutions for juvenile delinquents in California and Massachusetts, volunteers come to the institution just to talk to the young people assigned to them or to lead or take part in some group activity such as hobby clubs, Scout troops, self-improvement classes, and holiday parties. The very fact that they are doing this without being paid for their efforts gives the young people the feeling that someone cares about them. Too often the family, the school, the church, and the community have rejected the young people who have been committed to institutions for delinquents. Some young people never have any visitors from home. For them, regular visits from an interested volunteer can play a major part in counteracting feelings of complete rejection.

But volunteers offer more than friendliness to the rejected youngster. They also provide the young person with a model of responsible adult behavior. Many juvenile delinquents have never been close to anyone who has concern for others. In the volunteer's relationship with them and with the other young people in the institution, they may for the first time become aware of the possibility of caring what happens to persons other than themselves.

In addition to serving the young people with whom they work directly, volunteers serve the institution as a whole by spreading the word about its programs and needs. Any program, whether tax-supported or voluntary, needs community support to function effectively. A volunteer familiar with an institution's programs and problems can become a more effective spokesman for the institution than anyone on the paid staff, for he is less suspected of self-interest.

Despite staff efforts to individualize programs, young people can become "institutionalized"; to prevent this, they need to be away from the institution from time to time. Therefore, some institutions encourage volunteers assigned to specific children to take them off the institutional grounds—on shopping or pleasure trips—to give them the "feel" of life on the outside. Some institutions have even let volunteers take young people, particularly those soon to be released, into their homes for a day or a weekend to give them a chance to test their ability to live up to the standards of the outside world.

Some pitfalls

With such obvious advantages in the use of volunteers, why do many administrators of institutions for delinquents fail to even try to develop volunteer programs? The answer may be that they fear the pitfalls that can render a volunteer program not only ineffective but actually harmful. These pitfalls do exist, but they can be avoided with careful planning. They lie in the following areas:

1. ***The selection of volunteers.*** While there may be volunteer tasks of some kind suitable for nearly everyone, this is not true of direct work with juvenile delinquents. Some people cannot work effectively with delinquents because they are so basically hostile to the idea that a young person could behave in the way delinquents do that they cannot give them the warmth and understanding they need. Such persons, however, sometimes do volunteer to help delinquents "reform." For the sake of the program and the young people in it, they must either be turned down or diverted to tasks not involving direct contact with the young people.

Equally to be avoided as candidates for direct work with delinquents are persons who are oversentimental about children. Helping delinquent children requires firmness as well as warmth. Persons who cannot place realistic controls on young people's behavior will end in frustrating both themselves and the young people.

A third type of person to be avoided in selection is the person who cannot discipline himself enough to accept the institution's rules. If a person cannot follow a schedule, keep appointments, or complete training, he will bring more confusion than help to the young person and the institution.

Administrators have found irregular attendance to be one of the most difficult problems in running a volunteer program. Most juvenile delinquents have already experienced so much rejection that they have a decidedly negative attitude toward adults. This

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attitude becomes reinforced when an expected volunteer does not turn up, for the young person who is used to being rejected will interpret the volunteer's absence as another rejection. To protect the young people from such a shattering experience, institutions with volunteer programs have found it important not only to select their volunteers as carefully as they would paid staff members, but also, in orienting and supervising the volunteers they select, to stress the necessity for regular attendance.

Screening out from prospective volunteers those unsuitable for the program and selecting those with warmth, firmness, and dependability require skill in learning about people through the interview process.

2. *Administrative policies.* One reason some volunteer programs run into trouble is a tendency among institutional administrators to give them only half-hearted support. Too often responsibility for the preparation and guidance of a volunteer program is assigned to an already overburdened staff member—often the assistant administrator—who can only give time and attention to the volunteers at the expense of his other responsibilities toward the entire institutional program. The result is frustration on the part of everybody—the administrator, the child-care workers, and the volunteers themselves.

However, when the administrator demonstrates that he is in whole-hearted support of the volunteer program by assigning responsibility for it to a person with both the competency and the time to work closely with the volunteers and staff members toward meshing their efforts, the prestige of the volunteer program is enhanced within the institution and the grounds for its effectiveness are laid.[6] Unfortunately, few institutions for juvenile delinquents have established either a part-time or full-time position of volunteer service coordinator—a common one in mental hospitals.

Whether or not the institution needs a staff person to devote full time to the volunteer program depends, of course, on its size. A small institution might well assign this function to a person with other duties if these are not so pressing or so numerous as to monopolize his attention; or it might find an administratively gifted volunteer who is willing to direct the volunteer program on a part time basis.

Another way in which an institution's administrator shows his support or indifference to a volunteer program is in his action or inaction in setting clear-cut policies in respect to volunteers who work with the young people—for example, in relation to insurance coverage, reimbursement for expenses, the use of the institution's cars, accepting or giving gifts, taking a resident off the institution's grounds, the use of case records, the volunteer-supervisor relationship, and procedures for handling complaints. Much confusion is also avoided when specific job descriptions for the volunteers have been established and are periodically evaluated in the light of the institution's needs. Such a procedure gives both the volunteer and his supervisor a clear picture of what is expected of the volunteer in relation to the young people in the institution and in relation to the members of the institution's staff.

Sources of recruitment

In spite of the reluctance some potential volunteers may feel about working with institutionalized juvenile delinquents, a determined director of an institution's volunteer program can find many sources for recruitment if he makes the need and the purpose of his program known to the outside community—especially church groups, volunteer bureaus, service clubs, and other sources of volunteer manpower such as affiliates of national organizations interested in correctional work. For example, the Boy Scouts of America is urging its local councils to establish Scout troops at institutions for delinquent boys and, to this end, has appointed a staff member at its national headquarters to work with the National Association of Training Schools and Juvenile Agencies. The Big Brothers of America has long encouraged the men in its local affiliates to provide personal friendship to boys in institutions or just released from institutions to help them find better ways of relating to the world around them. Similar work is being done by a Kentucky affiliate of the Optimists.

Sometimes volunteers can be recruited because of their special interests or talents. For example, an automobile distributor in an Oregon community is giving driving lessons to the young people in a nearby training school. The Society of Illustrators in New York works with groups of institutionalized boys. Several murals at one of the State's institutions for boys give evidence of this group's contribution to the training school and to the boys' sense of accomplishment. Volunteer musicians have contributed to several New York institutional programs both as entertainers and instructors.

Some institutions are finding new or unusual sources of volunteer manpower, especially for work-

ing directly with individual young people. For example, a Maryland institution has recruited volunteers from a nearby naval installation. Assigned to specific boys in the institution, the Navy men frequently visit them or take them to see the naval center. Separated from their own families, some of the men have indicated that giving friendship to a boy badly in need of a "father figure" gives them a sense of "family."

In California, two correctional institutions are cooperating with the San Diego State College in providing "internships" for sociology students, thereby not only providing the students with a greater understanding of correctional work, but also giving the residents of the institution the benefit of the students' work in group counseling and in occupational and music therapy. Some students have become so interested in the work that they have decided upon careers in corrections.[7]

Students, in fact, represent a large and relatively untapped source of volunteer manpower for institutions for juvenile delinquents. The success in recruiting and using them in mental hospitals and with delinquents on probation suggests that they might serve in juvenile correctional institutions much more widely than they do. In the probation program at Boulder, Colo., for example, college students serve as tutors, interviewers, and discussion leaders.[8] Because alienated young people usually trust other young people much more than they do adults, another young person can often break through their barriers to friendship more easily than an older person.

There are many other potential sources of volunteers that could be but are not yet being tapped by institutions for juvenile delinquents. For example, Volunteers in Service to America (VISTA) has not yet sent any volunteers to training schools for juvenile delinquents. It has, however, put a number of volunteer teachers in an institution for young offenders (aged 18 to 26) at Lorton, Va., as part of a demonstration project in job training, counseling, and followup being carried out in cooperation with the National Committee for Children and Youth.

There is a trend today to look among the neighborhoods from which delinquents come and even among former delinquents for staff members for projects to combat or control delinquency.[9] At least one correctional institution has some of its former residents on its staff as child-care workers. This suggests that ex-delinquents might also provide valuable volunteer service in institutions for delinquents.

Thus the source of volunteers has become the wide American public—and not just the prestigious "upper crust" of Lady Bountiful days. In these times of shorter workdays and workweeks, our communities are full of men and women with sufficient time, good will, and sensitivity to offer creative friendship to young people whose lives have been especially deficient in this essential spiritual nutrient. All that is needed is the catalyst—the institutional administrator with the conviction, courage, skill, and willingness to tap the source.

The Joint Commission on Correctional Manpower and Training, a private organization composed of 90 representatives of various national and regional organizations in the correctional field, has recognized the potential value of volunteers in correctional work by establishing a task force to study the use of volunteers in corrections. This study, now under way, may be an important spur to action.

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a psychiatrist gives some basic principles on . . .

HOW VOLUNTEERS CAN HELP disadvantaged children

HARRIS E. KAROWE, M.D.

Many people are skeptical about the ability of nonprofessional persons to work successfully with other people's children, especially when those children give signs of being mentally, emotionally, or socially handicapped. They do not, I think, respect the importance of the intuitive process—the personal sensitivity and perceptiveness through which a gifted person builds up a positive relationship with a child. In his preface to August Aichhorn's book "Wayward Youth,"[1] Sigmund Freud attributed Aichhorn's remarkable ability to work with dissocial boys to his warmth, sympathy, and *intuitive* understanding of them. Freud implied that all of Aichhorn's psychological training had not been of much practical value to him but chiefly gave him some theoretical justification for what he did naturally.

Carefully selected volunteers may be as intuitively gifted as professional persons and often are freer to follow what their intuition dictates. Herein lies their strength. But any person who works directly with children can sharpen his intuition and facilitate his deliberate actions if he understands some principles of helping a child deal with his problems. This is especially true if the person is working with an educationally and socially disadvantaged child whose life experiences have been and are very different from those of the children he knows in his own home or his neighborhood. The following comments are therefore offered as an elementary guide for volunteers engaged in such work.

What are some of the important elements in helping relationships? Barrett-Lennard,[2] an Australian psychologist, has dealt with this question in a very useful fashion. First, there is the element of empathy, which means understanding the child from the child's own frame of reference. Empathy is different from sympathy, although both imply a caring for the child. When a person has empathy for a child, he appreciates how the child feels, how things are for him, but he does not make the child's feelings or troubles his own.

Another element cited by Barrett-Lennard as important in helping a child is that of having respect for, of caring for, the child as unconditionally as possible. For the volunteer assigned to help a child with a learning problem, this means showing him he is respected as an individual despite his learning disability. This is done by showing compassion without being over-emotional, by being understanding but not indulgent, and by showing genuine regard for the child's development.

The achievement of continuous and complete respect, of course, can be only a goal; and it is not one which anyone can hope to attain. But one can, at least, compliment a child unconditionally when one does compliment him and not say, "That's good, *but*. . . ." However, in the long run, the less a relationship with a child is overrun by evaluation and judgment, the more the child will be able to reach the realization that the center of responsibility lies within himself.

Another element in a helping relationship men-

Adapted from a talk made at a meeting on school volunteers sponsored by the Onondaga County Mental Health Board and the Syracuse (N.Y.) School District, October 1965.

tioned by Barrett-Lennard, perhaps the most important of all, is trustworthiness. This means being genuine, dependable, and internally as well as externally consistent. To understand why consistency is so important in working with a child, it is necessary to know a little about how children learn to relate to other people from their earliest infancy on.

Of consistency and hope

Engel [3] has remarked that soon after birth the infant begins to show cyclical behavior. The sleeping baby gradually changes from being quiet and motionless to showing restlessness and some sucking motions. Then his level of awareness rises, his movements increase, and he awakens and begins to cry. If his mother picks him up, he may quiet down, but soon he will cry again and he will not be quieted until he is fed. During feeding he sucks actively for a while, and then his sucking begins to slow down and finally, as he achieves satisfaction, stops. He becomes quiescent again; he may be wakeful for an interval between satisfying his hunger and falling asleep, but then he is quiet for a few hours until his feeling of need awakens him again and the cycle is repeated. In this process the infant uses the most primitive form of communication, his cry, and this elicits a response from his mother, who by feeding him introduces the external world into this otherwise entirely internal cyclical process.

But in a few weeks the sight of the mother's face and the sound of her voice become enough in themselves to quiet a hungry, crying baby, even if only for a minute or two. This is important: the baby has shown the beginning of his capacity for anticipation; he has begun to be able to wait; there is now a future, not only a present. Thus begins the development of one of the most important functions of the ego, the ability to interpose delay between the awareness of a need and the acting upon that need. Something that is not directly a part of nutrition has become an anticipatory signal indicating that satisfaction *will* occur. As this experience happens over and over again, the baby develops *confidence* in the signal, or in this early symbol, that tells him his discomfort, hunger, will be followed by satisfaction. And out of this confidence, with further psychological growth, the baby later develops *hope*.

The basic instinctual need, that of satisfying hunger, is of course only one kind of childhood need. As the child develops, his needs become increasingly complex, but they always include the element of consistency in his world—and his world is composed of the people around him. Consistency is a quality characteristically absent in the lives of children of seriously deprived families—as is also its end result, hope. Children in such families, and their parents, frequently function as if there is no hope, no confidence, no future. Hence they tend to brook no delay in gratification of desires.

Consistency is therefore of utmost importance in working with a child. To be of value to the child, a volunteer must be consistent in his attitudes most of the time, though not always, for that is impossible.

Being truly consistent means being honest and not pretending, at least with oneself. As Michal-Smith [4] says, to make the child feel that one is dependable one does not have to be a model of virtue, or loving at all times, or *entirely* consistent in mood, or ready to gratify the child's every need and wish. Everybody feels different on different days; this makes it impossible to have the same attitudes on every day. To try to convince oneself that one feels accepting of a child when in fact one is feeling annoyed or hostile is being internally inconsistent. Sooner or later this inconsistency will be perceived by the child and will be interpreted as untrustworthiness.

The important point is to be aware of whatever feeling or attitude one has when working with a child. When a person is not aware of his feelings, he is likely to send out contradictory messages; the child, confused, does not know whether to believe the kind words or the not-so-kind tone of voice or expression. "Her talk is a whisper, but her looks yell at you," said Dennis the Menace to his buddy in a recent cartoon depicting the two children outside a library from which they have obviously just been ejected by the librarian who stands grimly at the door.

In working with a child, of course, a person cannot tell or act out all his true feelings. But he can become as aware as possible of what his true feelings are. Then he can integrate these with his conscious at-

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titudes and so lessen the contrast between expressed and unexpressed attitudes. When this is done, both the adult and the child feel more at ease with one another. True consistency lies in inner honesty, which the child perceives and feels as dependability.

Deprivation and learning

Children fail to learn well for a variety of reasons—neurological, neurotic, characterological, and social. I shall comment here chiefly on the last kind, since the children whose difficulties stem from social reasons are those most often assigned to volunteers for help.

There seems to be a relationship between school adjustment and whether or not a child's mother is employed outside the home.[5] However, it has been found that the mere fact of the mother's working is not the important difference between the children who do well in school and those who do not, but rather the mother's motives for working and her attitude toward the child and the school.[6] It also has been found that a negative attitude in parents toward school, an attitude occurring more often in parents of low socioeconomic status than in middle class parents, is related to children's poor academic performance.[7] When the values of family and school are contradictory, children have little incentive for school achievement.

There also is evidence that the material environment in the home has an effect on pupil performance, that a varied environment and a *variety* of stimuli during early development favor greater use of the child's intellectual potential.[8]

The volunteer can make a significant contribution in both these respects. In broadening the variety of stimuli, the volunteer's contribution is chiefly one of activity, of doing things with the child. But in counteracting the deleterious effect of the child's perception of his parents' negative attitude toward school, the relationship between the child and volunteer is itself the important element. In this respect, of course, the volunteer does what the good teacher does: he furnishes the emotional reward and support for school success that encourage the pupil to like and do well at school despite lack of support at home for his scholastic efforts.

Deutsch [9] has pointed out that language is the primary avenue for communication, absorption, and interpretation of the environment. Between the ages of five and eight, children begin to use words as instruments in their conceptualization; a language handicap at that time may become a handicap in general problem solving. Deutsch also notes that the active verbal engagement of the people who surround the child seems to be the influential force in the child's language development.

Bernstein[10] points out that in many families of low socioeconomic status language is used largely in a restrictive fashion. An imperative or an incomplete sentence frequently substitutes for an explanation or a complete sentence: if the child asks for something, too often he gets merely "yes," "no," "go away," "later," or just a nod or a shake of the head. Moreover, many such families have few, if any, organized family activities; the parents and children do little talking together at meals, for meals are seldom regularly scheduled affairs.

Deutsch found that by the fifth grade children from fatherless homes generally score significantly lower on IQ tests than children from intact homes; however, this may be not so much a consequence of the father's absence as of the diminution of organized family activity in fatherless families.[9]

Deutsch's study of language ability and usage in first- and fifth-grade children, white and Negro, lower and middle class, indicated that the language deficit among children of low socioeconomic status was cumulative. While significant differences according to race and to socioeconomic status existed in the first-grade children, these differences were more marked by the time the children were in the fifth grade. However, the language of children from families of low socioeconomic status is poorer not in quantity, but in complexity; it does not have an elaborated sentence structure with grammatical order, logical modifiers, frequent use of prepositions, impersonal pronouns, and discriminately selected adjectives and adverbs. It therefore is out of tune with what the children meet in school.

Deutsch suggests that these children as they first come to school are aware of their grammatical ineptness, and that this leads to reluctance to communicate across social-class lines and hence to reticence in school.

The volunteer can interfere with this breakdown in communication and help prevent the child's language from becoming class contained. He can do this merely by talking *with* and *to* the child in the kind of language expected of the child in school. The volunteer will find it useful, however, and perhaps even necessary to become acquainted with the language used in lower socioeconomic neighborhoods.

Pavenstedt [11] has reported on an admirable study

of family life in lower socioeconomic groups. She found that the style of living among the stable "upper-lower class group" (factory workers, house painters, truck drivers, and so forth) was very different from the style of living among the disorganized families identified as the "lower-lower class." This latter group, in which unemployment, separation, desertion, divorce, abandonment and neglect of children, and dependency upon public aid are most frequent, furnishes our schools with children who very frequently fail to learn. These are the children badly in need of the personal help of volunteers.

On superficial examination, it might not be easy to distinguish between the children of Pavenstedt's two groups. They came from the same neighborhood and were equally well dressed. But their lives had been radically different. Pavenstedt's vivid and moving description of the disorganized families and the way of life they endure points up the innumerable deficits in their lives of which the volunteer needs to be aware in working with such a child. Excerpts from her report follow:

. . . The outstanding characteristic in these homes was that activities were impulse determined; consistency was totally absent. The mother might stay in bed until noon while the children also were kept in bed or ran around unsupervised. Although families sometimes ate breakfast or dinner together, there was no pattern for anything. . . . We saw children crying from some injury dash into the apartment, run past mother to their bed and continue to scream there. The mothers seldom inquired about their injuries or attempted to comfort them. Ridicule was as likely to be the response. . . .

. . . None of the children owned anything; a recent gift might be taken away by a sibling without anyone's intervening. The parents often failed to discriminate between the children. A parent, incensed by the behavior of one child, was seen dealing a blow to another child who was closer. Communication by means of words hardly existed. Directions were indefinite or hung unfinished in midair. . . .

Children in such an environment have to learn to cope for themselves, and these children were extraordinarily adept in certain areas. Extremely skillful at reading their cues, they focused on adults and manipulated them so as to obtain the attention, praise, food, money, or whatever else they wanted. . . .

. . . The children masked pleasure by clowning and grimacing and showed no distress when hurt. They wore wide smiles quite inappropriately. When disappointed or angry, they would fade away. When upset or anxious, they might become paralyzed or engage in some frantic repetitive activity. Nevertheless, many of them, surprisingly well dressed for nursery school, had a certain charm.

Many of them formed their words so poorly that it was at first almost impossible to understand them at 3 and 4 years of age. Words were used imitatively and often quite out of context. Instructions, when attended to, were at times repeated but not translated into action. Concrete demonstrations were necessary. . . .

The saddest, and to us the outstanding, characteristic of this group with adults and children alike was the self-devaluation. One little boy, when encouraged by the teacher to have her put his name on his drawing, wanted her to write "shitty Billy." Their lack of confidence in their ability to master was painfully reenacted with each new encounter. . . .

. . . The children seemed to have no individual personality for the parents. They never learned to trust and were constantly on the alert for the adults' reaction. Without anyone to relate to, they failed to learn communication and came to grips only with certain very circumscribed areas of their reality. . . .

. . . In large classes with their extreme concreteness of thinking, they failed to grasp directions. Suspicion and anxiety concerning the adult's intentions made them unable to attend to the teacher's instructions. As failure followed failure, they grew very anxious and shunned any learning task. . . .

Pavenstedt points out that the first priority in helping such children may be to raise their parents' self-esteem, for only then can they find value in their children—and only then will their children be able to sustain feelings of self-confidence and self-esteem. There is great truth in this, but I also believe that until this is accomplished the children need direct personal support and help from another adult as well. And here is where the volunteer comes in—with attention to the child, his words, and his unvoiced wishes, with consistency and warmth, and in many instances with real liking and love.

Some warnings

Cytryn and Uihlein [12] give some special warnings to volunteers working with children who have special handicaps. Like the teacher, the volunteer has to avoid becoming unrealistic in his expectations. He cannot expect success with all children. He has to try to avoid feelings of hopelessness and futility provoked by the overwhelming nature of the child's problem or because the child does not respond. Moreover, he need to keep in mind the impulse-ridden pattern of some children's lives, their inability to tolerate delay, their orientation toward the present and toward immediate rather than future gratification, their essential lack of hope and of confidence. He has to wait for the trusting relationship to develop and, then, as the child slowly begins to identify with him, for some of his own personality characteristics to be unconsciously adopted by the child.

For some children the volunteer can provide a "corrective emotional experience"—the volunteer

who is a woman can become a warm mother-substitute for the child of a severely emotionally disturbed mother such as one who is schizophrenic or very depressed or very obsessive-compulsive. Or, for the child of an overpossessive, overprotective, or anxious mother, a volunteer can furnish a close one-to-one relationship without the intense, smothering emotional involvement the mother offers.

In any case, the volunteer needs to avoid excessive emotional involvement with the child, something that certainly can occur and that may manifest itself in a tendency to monopolize the child or in a fear that the teacher or the parents will spoil his good work with the child. On the other hand, the parents—and sometimes the teacher too—may distrust the volunteer or may fear criticism by the volunteer. A mother who is not close to her child may resent the volunteer's ability to get close to the child as well as the child's obvious enthusiasm for the volunteer. Of course, the volunteer has to be aware of the possibility that he is indeed unconsciously vying with the parents or with the teacher for the child's affection. Most people, adults as well as children, love to be loved.

Sometimes, in the initial contact with the child and for as long thereafter as necessary, the volunteer can offer a "surprise" type of emotional experience by virtue of having a personal relationship with the child. For example, the failure to learn by *some* children—though generally not the children of the lowest socioeconomic groups—is a passive-resistive measure against parental pressure *to* learn. When assigned to help such a child learn to read, the volunteer might shock the child at the outset by avoiding all mention of reading. The child thus discovers that he is acceptable in spite of his unwillingness to read. He may thus, in his increasingly close relationship with the volunteer, come to put into words, rather than into a passive-aggressive failure to learn to read, his hostility toward his parents and toward the teacher who by virtue of her professional position *must* direct herself toward his reading—and then he may be ready to give up his symptom of hostility to adults, his failure to learn. This kind of volunteer treatment might never be called psychotherapy, but its success would be psychotherapeutic nonetheless.

The volunteer has a special advantage in his relationship with a child, an advantage that generally redounds only to the psychiatrist. As a psychiatrist, I have always felt that I am in a very special position. What adult other than a psychiatrist ever gives a child his undivided attention for a whole hour—and does it not once but again and again? Well, volunteers may do this too—and in a way that can play a key role in the child's life.

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Some of the disadvantaged children have reality-oriented strength of survival and independence which middle class youngsters might well learn.

A public school teacher as quoted in "Equality Through Integration: A Report on Greenburgh School District No. 8," Anti-Defamation League of B'nai B'rith, New York, 1965.

three years of the NEIGHBORHOOD YOUTH CORPS

REGINA H. SAXTON

Three years ago this summer, through the Economic Opportunity Act of 1964, Congress established the Neighborhood Youth Corps (NYC) to provide work experience and training to young people from low-income families. Through March 1967, the program had provided work experience for 910,946 young people: 589,424 who were still in school; 321,522 who were out of school. Of the total, 518,095 were boys and 392,851 were girls. For many young people, this experience has led to the realization that if they are to get on in the world they should go back to school, and they have done so, and some have stayed on to the finish. For others, the experience has led to regular jobs in the community—even to careers. Some, unfortunately, have landed back on the streets, again disillusioned. What has happened to all these young people has, of course, had something to do with the young people themselves—their determination, their stick-to-itiveness, their motivation. But most of all, perhaps, it has had to do with the kinds of opportunities that were available—at school, in their community, and in their Neighborhood Youth Corps assignment.

The goal of the Neighborhood Youth Corps is to provide young people with options through which to secure a better future. They may, while remaining in school, earn income and through the work they perform gain valuable experience. They may, if already out of school, receive special training to help them develop their occupational potential. These opportunities are provided through three types of projects:

1. ***In-school projects,*** to help high school students stay in school until graduation by providing them with part-time work, up to 15 hours a week during the school year, and with counseling to help them understand the importance of continuing their education and, at the appropriate time, to help them make the transition from school to work or occupational training.

2. ***Summer projects,*** to provide part-time summer employment, averaging about 26 hours a week for 12 weeks, for young people who need to earn some income during vacation in order to return to school or who need summer jobs to enhance their employment potential.

3. ***Out-of-school projects,*** to provide young people who have left school with work experience that will increase their employability or help them see the importance of returning to school for more education.

The pay in all Neighborhood Youth Corps projects is at least $1.25 an hour. Ninety percent of the cost of each project is met through Federal funds. For the first 2 years the program was limited to young people between the ages of 16 and 22, but under the 1966 amendments to the Economic Opportunity Act the lower age limit has recently been dropped to 14.

The degree to which the Neighborhood Youth Corps program makes a significant difference in the lives of young people depends not only on the young people themselves but also on the commitment and concern of the citizens in each local community. For, while largely federally financed, the projects are community planned and community run. The sponsors are local, private, nonprofit organizations and

No longer a school dropout, a Neighborhood Youth Corps enrollee is being taught to repair typewriters—a skill that will give him a chance to become self-sufficient and productive.

local and State governments that have entered into agreements with the U.S. Department of Labor to establish NYC projects.

In the agreement with the Department of Labor, the sponsor specifies the programs in which the enrollees will work, the jobs they will perform, the supervision they will receive, and the enrichment services that will be provided them. In communities with community action agencies established under the "war on poverty," the Neighborhood Youth Corps project is usually an integral part of that agency. Where no community action agency has been formed, the sponsor may be a local council of social agencies, a local "Y," or a local or State welfare, education, or health department.

The enrollees

Enrollees in the Neighborhood Youth Corps must come from families whose incomes are under the poverty line"—$3,000 a year for a family of four. Thus, it is not surprising that enrollees from minority groups—Negroes, Spanish-speaking Americans, and Indians—comprise over 50 percent of the enrollment, for the share of "poverty" among these groups is disproportionately high. About 60 percent of the Negro youth in this country come from families below this "poverty level." Moreover, unemployment is higher among Negro youth than among white youth. As of March 1967, in the 16- through 19-year-old age group, the unemployment rate for white boys was 10.1 percent, and for white girls, 9.2 percent; but for nonwhite boys, it was 24.8 percent, and for nonwhite girls, 24 percent.

In their personal attributes, enrollees are the young people of America in microcosm. They are responsive and apathetic; interested and disinterested; bright and slow to learn; industrious and indifferent; idealistic and cynical; courageous and afraid. They include young people who believe enough in themselves to make maximum use of their Neighborhood Youth Corps experiences. They also include the poorly motivated, the apathetic, the uneducated, the victims of generations of discrimination. The latter are the young people who present the greatest challenge.

The special targets of the out-of-school phase of the program are the disenchanted young people who have come to believe that school for them will open no doors to a better future. They frequently shield their tender hopes of what they can become behind a facade of apathy and cynicism, called "lack of motivation" by the adult world.

Jerry, a Neighborhood Youth Corps enrollee with whom I talked recently, expressed it this way:

I found out why John don't want to go back to school; because he is a dropout. If he goes back, he is going to drop out again, because they are going to offer him the same thing they offered him before.

You go to a job nowadays, they've got wall-to-wall carpeting; they've got beautiful pictures on the walls. You walk in the door. The man stands there. He is looking at you through his nose and he hands you a bunch of papers for a test.

He throws you in a room. You come out of the room. He says, "Okay, go, we'll call you later." Now I mean, this is cold. This is really cold. I mean, as far as I know, he don't want you at all.

Many young people like Jerry cling to the "hollers" of Appalachia, meander the rural roads that dot the countryside, and "hang around" on the city streets—dropouts not only from school but often from society itself. Many are not sufficiently attracted by the NYC program to take the first faltering steps toward finding out what it is all about and how it can help them. But thousands *have* taken the first steps, and these have been assigned work that otherwise would not have been done, in public and private nonprofit organizations, most frequently schools and health and

social agencies. While on the job, many have received personal counseling, remedial education, and other supportive services from local community agencies that have been integrated into the projects locally.

We now know that 54 percent of the out-of-school young people who leave the Neighborhood Youth Corps do so to take jobs or specialized training or to return to school full time; 2 percent leave to enter the Armed Forces.

Work and supervision

The kind of work that enrollees perform is limited only by the needs of the community, the imagination of the sponsor, and, of course, the ability of the enrollee. For example, in Roanoke, Va., enrollees in the out-of-school project are working as auto mechanics' aides, laboratory aides, maintenance aides, neighborhood workers' aides, nurses' aides, office aides, storekeepers' aides, teachers' aides in nursery schools, vehicle service aides, and X-ray laboratory aides. Those in the in-school projects are working as auto mechanics' aides, clerical aides, draftmen's aides, food preparation aides, hospital orderlies, librarians' aides, and teachers' aides. In addition to these typical job classifications, NYC projects during the past year have included conservation and beautification aides, youth and community service aides, and police aides.

Two major requirements for project approval are: (1) the jobs need to be done; and (2) the enrollees are supervised, either by a regular staff member of the sponsoring agency or someone especially employed for the purpose. Often the work is routine, but when this is so in a well-thoughtout and well-supervised project it is planned to lead to more demanding and satisfying tasks. Undoubtedly, however, some of the enrollees' assignments hold less potential for developing a transferable skill than others.

Last summer, through the impetus of the summer opportunity campaign initiated by the President's Council on Youth Opportunity, sponsors of NYC projects received money to take on additional NYC enrollees for placement in "Operation CHAMP," a nationwide program to provide organized athletics and other recreational activities for children and young people and, at the same time, work for thousands of young jobseekers. In some instances it stimulated NYC enrollees to think about pursuing careers in the recreational field.

One enrollee wrote to a project sponsor:

While working in this new program, Operation CHAMP, I have learned to understand things more vividly—children are very easily led and we NYC's are a great influence on them. I have never really held important responsibilities because I've never worked before. But this job gave me a degree of leadership and independence. Working with the children brought out my ability to work with an open mind. I found that while working it brought out a value of my maturity and it helped me to control myself as well as the children.

Another enrollee, after working in Operation CHAMP, wrote his project sponsor:

This year I decided to step my foot out into the world and make something of myself.

Many ongoing community programs have also provided satisfying work experiences to NYC enrollees. For example, a young woman from a small midwestern town recently wrote the sponsor of a project:

I started to work through this organization because I wanted to know if I really wanted to be a nurse. They got me on at the hospital, and I decided my future while my job helped pay for my high school education. I know now that I probably will become a nurse when I graduate.

Unfortunately, not all NYC enrollees have had such constructive experiences. Some have been placed in jobs that are "made work" offering little promise of increasing their employability, and some have been working under mediocre supervision.

A major aim of the program is to help young people become self-propelling who, because of deprivations in their past, cannot sell themselves, cannot read, and cannot communicate well. This takes more than just giving them a chance to earn $1.25 an hour for 32 hours per week at a necessary but routine job. A young person so handicapped needs to be buttressed by understanding adults with whom he can identify and with whom he can talk over his own self-doubts. Experience has shown that an adult who supervises such young people on the job needs to know much more than how the job should be done; he needs to know how to teach a skill to an untutored adolescent and how to help another human being experience success in doing a job well. This requires

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of the supervisor a degree of sensitivity and skill beyond that usually required in work supervision. How far the NYC supervision lives up to this ideal varies with the projects.

Supportive services

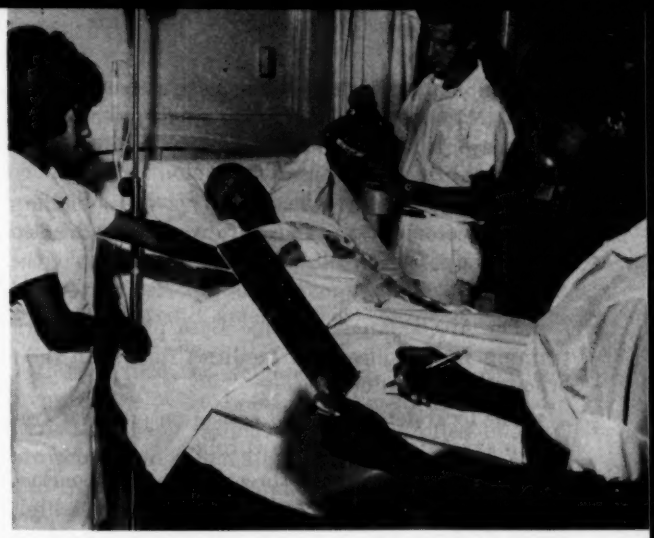
Important allies to sensitive supervision in helping a young person to grow through an NYC experience are the supportive services provided through the projects with the aim of increasing the enrollees' employability or their interest in remaining in or returning to school. These services vary with the projects in number and quality, and their long-term effectiveness is often related to what else the community has to offer the young person when he leaves the project. Counseling and remedial education are the services most frequently provided.

Services have been found to be most effective when they have been designed to complement each other in a way that makes it possible to meet the individual enrollee's need. In other words, the work experience, the job activity, the training, and the supportive services bear a dynamic relationship to one another. As the enrollee progresses, some services are added and others are dropped. For example, take the experience of Johnny, a 17-year-old Philadelphia boy, as reported by the sponsor of the NYC project there:

> When the Houston Community Center started a unit of the Neighborhood Youth Corps, Johnny was assigned as a community service aide, helping VISTA volunteers in their community programs. The NYC counselor talked with Johnny about his need for training. He was subsequently referred to the State Bureau of Vocational Rehabilitation (Johnny had lost the sight of one eye in a gang fight), and this agency paid for Johnny to take courses at a technical school that trained draftsmen.
>
> Johnny completed his time with the Neighborhood Youth Corps. He was still discouraged. He was not sure if he was good enough to fill a drafting job. His counselor arranged a job interview and went with him to the interview. He was hired as one of the two draftsmen in a small electronics firm, making a good salary.
>
> Johnny is now married and has a child. He likes both his job and his bosses, and he is proud of himself.

Since this report was made, Johnny's employers have asked him if he would like to go to engineering school at night. They, along with others, have assured him that he can succeed there if he decides that is what he wants.

The kind of support Johnny received has unfortunately not been available to the NYC enrollees in all projects. However, the Department of Labor is now insisting on the integration of supportive services into the projects. Thus many more young people may be able to break out of the cycle of poverty and self-distrust which enchains them.



While ministering to the comfort of hospital patients, these three Neighborhood Youth Corps trainees are acquiring skills that may lead to permanent careers in the health services field.

Perhaps the aspect of service most frequently neglected in the local NYC projects is the provision of health services. Although the Federal Government will pay $10 per enrollee toward health services, based on the use of existing resources, few projects thus far have given much attention to the health needs of enrollees. One notable exception is in Berkeley, Calif. There the sponsoring agency established a budget to provide for medical examinations of the 165 enrollees, all between the ages of 16 and 22. The results, analyzed in a report by Dr. Victor Eisner, of the University of California School of Public Health, showed that 40 percent, or 66, required no medical care; 18.8 percent, or 31, required only dental care; 25.5 percent, or 42, required medical care; 15.7 percent, or 26, required both dental and medical care. Thus, 60 percent of the enrollees needed health care they were not getting.

Among the conditions needing attention were severe respiratory infections, hypertension, venereal disease, and dental problems—all conditions affecting efficiency on the job. Unfortunately, there has been no followthrough within the project to see that the needed care is provided in the community.

Most of our large communities today have many resources for medical care available, many of them supported by various types of Federal aid, but young people in need have difficulty finding their way through a maze of uncoordinated services. By calling

on a combination of these resources in a creative way, a local NYC sponsoring agency would be carrying out a major aspect of its responsibility to enhance the employability of NYC enrollees.

Some sponsors have been creative in mobilizing available community resources to work with them to provide opportunities to enrollees. For example, the Sacramento, Calif., sponsor has reported that—

- The McClellan Air Force Base provides work training for enrollees and facilities for use in their orientation and education.
- The local department of education provides free health examinations to each enrollee.
- The county provides three teachers to conduct regular school courses once a week leading to a high school diploma and to give remedial school work to those who need it.
- The YWCA also provides remedial education and individual counseling as well.

More and more sponsors are succeeding in relating community resources to each other and to the enrollee. Others have provided opportunities for work training but have been frustrated in their attempts to make connections with the local institutions.

However, even where there are good supportive services, a constructive NYC experience may come to naught when the basic community institutions do not provide what these young people need at the time they leave the program. Many enrollees, for example, return to school as a result of positive experiences in an NYC project, but they do not always remain in school. A project in an eastern industrial city, with 250 enrollees, succeeded in getting 147, or 59 percent, of them to return to school, only to have 112, or 76 percent, drop out again before the end of the school year. One suspects that they found in school the same drab experiences that they had previously fled.

Job development

Similarly, enrollees often do well in the program but flounder in seeking subsequent employment. However, those projects which, like the Philadelphia project, have built up some interest in local employers have been able to help their "graduates" to success during that critical period of job hunting which can mean the difference between a continued growth in self-confidence or a sinking back into despair.

Nevertheless, it has been all too clear that efforts to create bridges to permanent careers for NYC enrollees have needed to be greatly strengthened. Some important steps in this direction already have been taken nationally.

Experience in an NYC assignment might in a sense be compared to "basic training" for a new recruit in the Armed Forces: it provides the basic training for working on any job. When NYC enrollees finish their assignments, many of them need further training in more complex occupational skills to be ready for career-type jobs—jobs that provide more than the minimum wage and a chance to move upward. To assure them of this opportunity, the Manpower Administration of the U.S. Department of Labor has in the past year tightened the coordination, at all levels of operation, between the Neighborhood Youth Corps and the Manpower Development and Training Program (MDTA), thus making it possible for a young person to go from the Neighborhood Youth Corps to vocational training under the MDTA or even to participate in both programs at once.

Other opportunities are provided under the 1966 amendments to the Economic Opportunity Act, which set up three new manpower programs: Special Impact Program, New Careers, and Operation Mainstream, the first two of which will be closely coordinated with the Neighborhood Youth Corps. The Special Impact Program will focus on work training for young people and adults in neighborhood improvement programs in low-income urban areas. Operation Mainstream will provide work experience and training for adults with histories of "chronic unemployment." The New Careers program holds the most promise as a career outlet for young adults who have had NYC experience, for its goal is to demonstrate the effectiveness of permanent nonprofessional jobs in the human services, particularly health, education, and public safety, classified in a way that will provide opportunities for a progression in pay and responsibility. The program is open to unemployed adults of 22 or over from families with incomes below the poverty line.

These amendments also make it possible to place NYC trainees in profitmaking organizations and in this way should increase the opportunities for young people to work from their NYC assignments into permanent jobs in industry. Some large industries have already given preferences to NYC enrollees in hiring people for entry jobs, for example, Quaker Oats, Burroughs, General Motors, and Ford.

In some States—Illinois, Michigan, Missouri, for example—through the efforts of both the NYC staff and project sponsors, exceptions have been made in State civil service requirements for NYC enrollees.

In other situations, the NYC experience in a government job assignment is equivalent to a more formal training period and therefore may be substituted for education or experience. The U.S. Department of Defense has used NYC enrollees and in some cases has upgraded them as permanent civilian employees. However, civil service eligibility requirements still present blocks to NYC placement in Federal jobs.

Effects and promise

As Secretary of Labor W. Willard Wirtz has said, "The ultimate success of the Neighborhood Youth Corps will not be measured in terms of the numbers of enrollees but only by the number of them we have standing up and who stay standing up."

It would take a tremendous research project to find out what ultimately happens to the more than 900,000 young people who have had NYC experience. But there can be little doubt that experience in the Neighborhood Youth Corps has been a positive force in the lives of many thousands of young people in this country. For many, perhaps, it may have been the turning point from an antisocial to a constructive orientation to society. Reports are coming in from many communities of a decline in delinquent behavior among those young people reached by the program. For example, a city recreation director in Covington, Ky., has observed:

> Since NYC, property destruction in our city playgrounds has shown a fantastic decrease and is now quite negligible. I might also add that the general crime rate in our city prior to May 1965 was showing a steady increase in the 16 through 21 age bracket. Happily, since NYC, the city's crime rate has been on the decline overall, more markedly however in the 16 through 21 age bracket. In my view, the net positive result has been (1) more effective utilization of the recreation dollar with less having to be spent to replace material, equipment, and facilities caused by the high rate of vandalism; (2) beautification of parks and playgrounds that are now more attractive and also safer to visit and use than previously; (3) less need for police work in these areas; and (4) most importantly, the youths themselves could see their accomplishments and feel the inner satisfaction about their work. I believe some, for the first time, could sense that they were building themselves up rather than allowing their lives to be destroyed. They were beginning to prove to themselves and others that the unemployed school dropout could become a useful citizen in his own right and perform a useful service to the community.

The community action agency in San Antonio, Tex., SANYO, released a report in February 1967 indicating that in slum areas, where it has some 30 neighborhood centers employing NYC enrollees, juvenile delinquency declined 12.6 percent in 1966. In some areas in San Antonio where SANYO does not operate, there was a 5.5-percent increase in juvenile delinquency during that same period. Although the county as a whole showed a decrease in delinquency in 1966, the report states, ". . . it was only the fantastic reduction in the poverty areas that accounted for the overall countywide decline of 3.7 percent." County probation officers have made an effort to place as many juvenile offenders as they can into the SANYO program.

In May 1966, the Neighborhood Youth Corps held a conference in St. Louis, Mo. Among the delegates were 130 young people who were enrolled in NYC projects coming from all regions of the United States and from Puerto Rico and the Virgin Islands. Asked to look ahead with the staff and chart a course of action for the Neighborhood Youth Corps that will go beyond anything yet accomplished, the young delegates formed a committee, which reported in part:

> There should be a pretraining period to prepare new enrollees for jobs they have been assigned. They should also have more opportunity to move from job to job to gain experience to enhance their human relations and their ability to get along with people, and to increase their knowledge of the world of work.

Thus the enrollees themselves put their fingers on some of the missing links in many of the projects. In doing so they demonstrated the importance of involving the young participants in planning. In recommending rotation from job to job within a project—for example, from laboratory aide to teachers' aide to mechanics' aide—they recognized one of the greatest potential values of the Neighborhood Youth Corps: giving the young person a chance through close association with a variety of occupations to learn what they really involve, thus providing him with a sound basis for choosing the direction of a future career. A number of larger projects are now doing this.

In the last analysis the Neighborhood Youth Corps can never be anything to the young person but a chance—a chance to know what working means, what kinds of occupations there are, where they lead, and what it takes to get ready for them, but most of all a chance to build up confidence in one's ability to perform a useful, necessary job—in other words a chance to participate in what Thomas Wolfe has called the promise of America: "to every man the right to live, to work, to be himself, and to become whatever thing his manhood and his vision can combine to make him—this, seeker, is the promise of America." [1]

[1] Wolfe, Thomas: You can't go home again. Harper & Brothers, New York. 1934.

BOOK NOTES

THEORIES OF CHILD DEVELOPMENT. Alfred L. Baldwin. John Wiley & Sons, New York. 1967. 618 pp. $8.95.

Seven theories of child development are examined and compared in this book: what the author calls the "common-sense theory" and the six "scientific" theories of Lewin, Piaget, Freud, Werner, Parsons and Bales, and the stimulus-response theorists (Bandura, Dollard, Hull, Miller, Sears, Skinner, Walters, and Watson). The author begins with a description of the "common-sense notions" of behavior and development, which he sees as the foundation on which other theories are built. He then compares the six "scientific" theories with each other and with the common-sense theory.

The "scientific" theories overlap very slightly and "talk past each other," he says. This fact suggests to him that an "eclectic integration of the theories" is possible if the language each uses can be reconciled, and that "a kind of proto theory of child development," which, though incomplete, badly defined, and "surely wrong in some respects, is a feasible . . . basis for further research and for more refined theory building."

DEVIANT CHILDREN GROWN UP: a sociological and psychiatric study of sociopathic personality. Lee N. Robins. The Williams & Wilkins Co., Baltimore, Md. 1966. 340 pp. $11.50.

This book reports on a study comparing over 500 adults in the St. Louis area who as children had been referred because of deviant behavior to child guidance clinics with over 100 adults whose childhood behavior had been considered as normal.

The author finds that the best predictor of sociopathic personality in these adults would have been the degree to which they had exhibited antisocial behavior in childhood. He points out that by all his criteria the adults who as children had been referred to clinics for antisocial behavior were much more maladjusted than were adults who as children had been referred to clinics for other reasons. The latter as adults were actually much like the adults who had had normal behavior in childhood. The maladjustments of the former showed up in high rates of arrest, occupational failure, hospitalization for mental illness, divorce, alienation from family and friends, and alcoholism.

The author maintains that poverty alone is not responsible for antisocial behavior but rather the "salient characteristics of family structure in the matrix of poverty." Many of the sociopathic adults involved in the study, for instance, had had fathers with the same characteristics and they seemed to be passing on these characteristics to their own children. The author recommends, therefore, that society plan for early treatment of children showing sociopathic traits.

The author is a research professor of sociology in psychiatry at Washington University School of Medicine.

TWINS AND TWIN RELATIONS. Helen L. Koch. The University of Chicago Press, Chicago, Ill. 1966. 302 pp. $6.95.

Nearly three-fifths of the 90 pairs of 5- or 6-year-old twins whose characteristics this book discusses were born prematurely, the author points out. And, she maintains, the handicaps of prematurity rather than any inherent weakness in twins may account for the poorer health and less keen mentality of many of the twins she studied as compared with a control group of boys and girls born singly. All the twins were attending regular classes in public schools and were the only children in their families. They included both fraternal and identical boy twins and girl twins and fraternal boy-girl twins. The conclusions the author presents are based on interviews with the children's mothers and teachers and with the children themselves; on tests for mental ability and apperception given the children; and on ratings given by the teachers on the children's social behavior.

Other observations the author makes about the twins include the following:

- The twin born first was usually the larger and healthier of the pair.
- Although the boys are usually less sturdy than the girls, the boys of boy-girl twins were usually born first and were in better condition than their sisters.
- Rivalry between twins did not seem higher than that between children born singly in other families.
- One twin dominated the other in about 61 percent of the cases, usually through social ability rather than brute force.
- Twins were more popular with their classmates when they attended classes together, probably because of the attention twins often get.

CHILD WELFARE SERVICES. Alfred Kadushin. The Macmillan Co., New York. 1967. 625 pp. $9.95.

Prepared for use in both graduate and undergraduate courses and by practicing child welfare workers, this textbook centers on three types of welfare services for children: supportive (such as family services, child guidance, and protective services), supplementary (such as day care, homemaker services, and social insurance), and substitutive (such as foster care, adoption, and institutional care). Each section includes a history of the service, descriptions of case studies, an evaluation of each service, and references to research literature. The concluding chapters are on services in other countries and on social work as a career. The author points out that his aim is to develop knowledge about, concern for, and understanding of child welfare services, not professional skill.

READINGS IN THE PSYCHOLOGY OF PARENT-CHILD RELATIONS. Gene R. Medinnus, editor. John Wiley & Sons, New York. 1967. 371 pp. $4.50.

This collection of research reports, reprinted from 33 professional journals, are presented under six headings: methodology; parental attitude and behavior; parental influence; parents in their children's eyes; effects of social class; and effects of cultural practices.

an essay review . . .

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on

CHILDREN OF THE POOR

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It was inevitable that the grand inquiry prompted by the rediscovery of poverty in the sixties should have moved income maintenance policy to center stage. Why has so much poverty escaped the social insurance net? Why have our massive income transfers not lifted more people out of poverty? Has our social security system, in fact, been conferring more benefits on middle class people than on the poor? Has the public welfare system, designed for the poorest, been binding them to continuing deprivation? Why has the indignity of poverty in the midst of affluence been reinforced by the indignities of welfare program procedures? And why are the children particularly disadvantaged when one might have supposed that they would be the preferred beneficiaries of our social welfare efforts?

In the years following passage of the Social Security Act, coverage under the old age and survivors insurance program was extended, additional risks were included, and qualifications for benefits were liberalized until only a tenuous attachment to the labor market and nominal "contributions" were required for entitlement. Thus, through modification of original principles social insurance benefits came to be more easily acquired than was originally planned and more widely distributed. But entitlement as a right has remained unimpaired, and the receipt of pensions or hospital services is free of stigma.

This improvement in old age and survivors protection for insured workers was not paralleled by equally liberal developments in the public assistance program on which the poorest families have had to rely, families consisting of children deprived of the support of a father, with their mothers or other "caretakers." Indeed, this Federal-State program, Aid to Families with Dependent Children (AFDC), fell into disfavor and even became a vehicle of discrimination against children. The approximately 3.5 million children dependent on AFDC today receive far less than do the adult recipients in other federally aided programs. Moreover, rigid restrictions on "eligibility" leave out most of the 15 million children who have been estimated to be living in poverty.

Contradictions in policy have haunted the AFDC program from the beginning. The social welfare community has been well aware of the dysfunctional and disincentive characteristics of the laws providing for this program and of their administration and of the poverty imposed on the recipients. Yet, in 1962, the basic physical needs of AFDC families were apparently judged to be less urgent than their need for rehabilitation: in that year Congress provided Federal support for expanded social services but failed to remove the built-in discrimination against children in the Federal reimbursement formula for cash assistance.

This neglect of children and the policy alternatives available for ending it is what Alvin L. Schorr's new book, "Poor Kids: A Report on Children in Poverty,"* is about. An appreciation of its contribution can be better understood by a reminiscent look at the road we have been traveling.

The background

The search for effective antipoverty policy has been conducted under increasing pressure from the civil rights movement, the persistent and unequal distribution of unemployment, the problems of urban life, and the fear that automation would make unskilled and semiskilled labor obsolete thus condemning large numbers of unskilled, uneducated persons to chronic unemployment on a scale that could be coped with by no less a change in our economic system than the separation of work and income.

The public debate that shaped the development of today's antipoverty policy as well as criticism within the social welfare community raised questions about the debilitating effects of relief levels, the degrading nature of the means test, and the rights of social welfare beneficiaries. Eligibility determination procedures were branded as socially wasteful. AFDC caseloads were seen as being too large; public welfare staff as in short supply; individualized calculation of budgetary deficiencies as too expensive.

Moreover, there was growing disenchantment with the quality and quantity of services that qualify for 75-percent Federal reimbursement. It began to be suggested that rehabilitation of program and policy might take precedence over rehabilitation of the client. So, in a new context, there evolved a new version of the theory that public welfare is one of the sources of the poverty it is supposed to relieve, that it helps to fasten the shackles of "intergenerational poverty" on its clients, that its rules stifle incentive and inflict disabling indignities through application of "suitable home" and "man in the house" regulations.

Public discussion of the issues identified a cluster of objectives with which it might be possible to reconstruct the public welfare function, including: more dignified treatment of the recipient; agency and worker caseloads small enough to permit meaningful delivery of social services; relief standards at least up to the defined poverty line; determination of eligibility through simplified and reason-

*Schorr, Alvin L.: Poor Kids: A Report on Children in Poverty. Basic Books, Inc., New York. 1966. 205 pp. $5.95.

ably impersonal procedures. Thus, a climate of opinion receptive to the introduction of new methods of income maintenance was created.

Most attention has been captured by the most glamorous of the proposals designed to compensate for lack of income, namely, the guaranteed minimum income (GMI), a term that expresses aspiration and goal rather than specific plan. The particular device through which the GMI may be attained and that has in turn captured attention is, of course, the negative income tax (NIT). Simply stated, the NIT proposes to use the Internal Revenue Service to pay income (or negative taxes) to families whose income is so low that they qualify as "tax receivers" rather than as taxpayers. It is not always clear to what extent the various advocates of NIT see it as a supplement to, or substitute for, the social insurance and public assistance programs, or if, indeed, they have considered the possible effects of its coexistence with these programs.

The social goal of setting a national family income minimum inheres in any income maintenance policy; it is implicit whenever social assistance is provided in any systematic way. It could, therefore, be achieved through existing public welfare programs. But since these programs are prime targets of criticism by the advocates of GMI, it seems that their objective is to achieve not only higher relief standards based on presumed average need for all who fall below the official poverty line, but also new terms of entitlement ranging, with the various advocates, from a liberalized and humanized test of need to universal entitlement without test of need and based only on some demographic characteristic.

The "demogrant," as such a universal allowance is called, has the advantage of not stigmatizing the recipient because it separates need from benefit. The poor and the nonpoor would be treated alike. Some NIT advocates, however, have much more modest goals.

Focus on "kids"

Alvin Schorr makes a valuable contribution to this debate. The focus of his concern is not so much GMI as "poor kids" and what we have to do to bring a coherent social policy for families into being. He is not uninterested in the GMI, but says, rather, "let us begin"—by first turning our attention to meeting the needs of the children in poverty.

The deprivation of children is intolerable to Schorr. He, therefore, maintains that antipoverty policy should give priority to children. In effect he then asks: What are the life conditions of poor children, and what means do we have for lifting them out of poverty and insulating them from its damaging effects? What means are available for providing support to families at those vulnerable points in their lives where the "income squeeze" catches them and inflicts irreparable damage?

In a powerful chapter, "The Family Cycle and Income Development," Schorr lays the basis for consideration of what a family support policy might be. He takes a simple cost-benefit approach to analyzing the relative merits of NIT, insurance against the risk of family breakdown, and a universal demogrant for children. He is concerned not only with the most practical way of reducing poverty but also with how to do it so as to shield the family from disintegrative social and economic forces. He looks for the flexible, preventive device, designed to relieve income stresses as they appear in the life cycle of the low-income family.

A policy instrument

To attain these goals, Schorr concludes that the most effective device is the children's (or family) allowance. This is a device for spreading some of the costs of child rearing in use in most industrial countries. Canada has had a system since World War II that pays all families $6 to $8 per month for each child under 16. For this country, Schorr proposes a preschool allowance of $50 per month payable for each child under 6 and financed out of general revenues. He sees much of the State and local portions of assistance expenditure thus saved, thereby making it possible to divert these funds to improve public assistance for older children through higher money payments and an expansion of public social services.

A children's allowance system is a singularly useful instrument in the development of social policy for the family. It avoids the disincentive problem because it flows to all families, regardless of the parents' level of earnings. It provides more income without changing the relative positions of wage earners of different skills; work effort always increases income by the full amount of earnings. It meets the problem of the wage-earning heads of families whose earnings are no match for their family responsibilities. Hence it serves to reduce the disadvantage of the child in the large family.

Since 60 percent of our poor children, as Schorr points out, are members of families with four children or more, this system would be a powerful instrument for achieving welfare goals. It could divert a portion of our national income to the poor in a dignified manner. At the same time it could reduce caseloads of public welfare departments to more manageable proportions, thereby permitting them to concentrate on the provision of social services to children and their families unimpeded by eligibility determination.

About costs

Demogrants, such as children's allowances, are sometimes opposed because they are not restricted to those who "need" them and are therefore more expensive than benefits precisely adjusted to need. However, social insurance also delivers income to those who do not "need" it, and this is one reason for its popularity. Moreover, the United States does have a restricted form of children's allowances, exclusively reserved for those who do not need them. They are provided as tax subsidies only to those who have sufficient income to pay an income tax, and hence the largest benefit goes to families who need it least. The value to a family of dependent's exemption ranges from $84 for a child of the poorest taxpayer (one in the 14 percent tax bracket) to $420 for a child of parents with the highest incomes (in the 70 percent tax bracket).

The cost of adopting a universal children's allowance system without reference to need runs high, even if we allow for the sums that would be recaptured by income tax and saved by the elimination of dependency exemptions. The nonfinancial benefits are less tangible and difficult to measure and translate into monetary terms, but are real nonetheless. Because receipt of benefits is not dependent on the family's willingness to undergo a test of need, no child

in need is left out. The removal of stigma is also an important benefit to poor families.

Almost everything in the life of the poor—housing, consumer goods, medical care, public services—is poor in quality and a standing accusation of personal failure. Even the public school, historically the first social utility for all children, has been deficient in what it has delivered in basic and vocational education to the poor. Thus, the higher costs of benefits divorced from need may be regarded as a necessary price to pay for a reduction of inequality; the poor and the nonpoor would not be set apart.

An income transfer program of the dimension here implied (Schorr offers a more conservative prescription) will not solve all the problems of children. An initial program might not do more than prevent gross deprivation. How fast we move would depend on the extent to which we are willing to transfer income from the childless members of society to those with children to support, from the rich to the poor. But even with such a transfer the greatest gains in eliminating poverty in the country must come through economic progress as parents become fully employed. Historically, such progress has been the great reducer of poverty. Hope therefore lies in economic expansion planned to encourage upward pressure on wages, downward pressure on unemployment, and pressure in all directions against want and squalor.

Schorr, in his treatment of the problem of children in poverty, directs analysis toward the "big" proposals, but he does so in the context of the needs of low-income families at different points in their history and in awareness that if there is basic provision, then a range of options are opened from which supportive family services can be chosen.

Should we not, then, be examining the comparative costs and benefits of household grants to start young families, housing subsidies on a scale sufficient to contribute widely to family welfare, maternity grants, subsidies to reduce the prices of milk and children's books, vacations and work opportunities for adolescents? And is there not something absurd about imposing, as we do, a combined social security-income tax of about $250 a year on the employed head of a young family of three with earnings of $3,150 a year?

There is more than one way of increasing family income. What we do to and for poor families is made up of many different components, often contradictory. Therefore, many different lines of attack are possible. Whether or not one agrees with Schorr's particular formula, those concerned with the children of poverty and with the welfare of all children will join the search for new policies. One can do no better than to start with "Poor Kids," which presents the issues with the creative imagination that we have learned to expect in Schorr's work.

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guides and reports

THE SOCIAL WELFARE FORUM, 1966: official proceedings; SOCIAL WORK PRACTICE, 1966: selected papers, 93d annual forum of the National Conference on Social Welfare, Chicago, Ill., May 29–June 3, 1966. Columbia University Press, 2960 Broadway, New York, N.Y. 10017, for the National Conference on Social Welfare. 1966. 249 pp. $6; 216 pp. $6, respectively.

The first volume contains selected papers concerned with trends and issues in developing policy in social welfare; the second, selected papers dealing with developments in theory and application in the methods of social work practice: casework, groupwork, and community organization.

THE DAY AFTER SUMMER: a report on the Conference on Planning for Washington's Children and Youth. October 18–20, 1966. Dorothy R. Steffens. Summer Planning Committee, Washington, D.C. 1967. 72 pp. Limited copies free on request from the United Planning Organization, 1100 Vermont Avenue NW., Washington, D.C. 20005.

Summarizes the work of a conference devoted to an evaluation of summer programs provided children and youth in the District of Columbia in 1966 and the development of plans for more effective and comprehensive summer programs for the future.

MOTHERS-AT-RISK: the role of social work in prevention of morbidity in infants of socially disadvantaged mothers. Perspectives in Social Work, Vol. 1, No. 1. Florence Haselkorn, editor, Adelphi University School of Social Work, Garden City, N.Y. 11530. 1966. 126 pp. A limited number free on request.

The proceedings of an institute cosponsored by Adelphi University School of Social Work and United Cerebral Palsy Associations, Inc., with a grant of maternal and child health funds from the Children's Bureau.

REPORT OF THE COMMITTEE ON SCHOOL HEALTH OF THE AMERICAN ACADEMY OF PEDIATRICS. American Academy of Pediatrics, P.O. Box 1034, Evanston, Ill. 60204. 1966. 128 pp. $2. Discount on orders of six or more copies.

Presents guidelines for school administrators and physicians on the essential components of school health programs and the roles of the participating physician and school personnel in carrying them out.

RECREATION AND SOCIALIZATION FOR THE BRAIN-INJURED CHILD. Sol Gordon and Risa S. Golob, editors. New Jersey Association for Brain Injured Children, Central New Jersey Section, 61 Lincoln Street, East Orange, N.J. 07017. 1966. 110 pp. $2.

Presents guidelines for planning and organizing therapeutically oriented recreational and socialization programs for brain-injured children.

HERE and THERE

Juvenile delinquency

The Supreme Court of the United States, by an 8-to-1 decision, ruled on May 15 that the constitutional guarantee of due process of law is applicable to court cases involving minors charged with being "delinquents." In a detailed opinion, written by Justice Abe Fortas, the Court ruled that in delinquency hearings before juvenile court judges children must be accorded the constitutional protections of due process in regard to the right to remain silent, to receive an adequate notice of hearing, to counsel, and to confront witnesses, and the privilege against self-incrimination. That is, they must be given specific notice of the charges and adequate time to decide on a course of action and to prepare a defense; be clearly advised of their right to counsel and be provided with counsel by the State if the parents are unable to afford a counsel; be warned that their testimony can be used against them; and have an opportunity to face their accusers.

Justice Fortas made clear, however, that the decision applied only to the trial of a juvenile and would not affect the handling of juvenile cases before or after trial. The decision states that the "high crime rates among juveniles . . . could not lead us to conclude that the absence of constitutional protections reduces crimes, or that the juvenile system, functioning free of constitutional inhibitions as it has largely done, is effective to reduce crime or rehabilitate offenders . . . ." But, he added, ". . . the features of the juvenile system which . . . are of unique benefit will not be impaired by constitutional domestication."

The case on which the decision was made involved a 15-year-old boy accused of making obscene telephone calls while on probation. No notice was left at his home of his being picked up by the police and taken to a children's detention home, though both his parents were at work. No notice of the hearing was served on the parents, though the mother was informed verbally by the police. The complainant did not appear at the hearing, and no record was made of the proceedings. The judge committed the boy to a State industrial school for his minority "unless sooner discharged by due process of law." (An adult tried for the same offense would have been fined from $5 to $50 or sentenced to 2 months in jail.)

Child welfare

The Commission on International Social Welfare of the National Association of Social Workers (NASW) recently wrote to the President of the United States to express the association's concern over the proposal of a citizens' group to bring war-injured Vietnamese children to this country for medical treatment. The letter, signed by James R. Dumpson, the commission's chairman, pointed out the danger in such a proposal of overlooking the right of every child to be brought up in his own family and in his own culture and of violating good child welfare principles. It urged the President to appoint a group of experts to help the Vietnamese determine the best way of attaining better family and child-care service in South Vietnam and pledged its full support to such a group.

Any plan to help the children of Vietnam, according to the commission, should be based on the following principles:

- The greatest effort should be directed to reuniting children with their own families.
- Institutional care of children outside the family should be considered only as a last resort and a temporary measure.
- Children should only be removed to other countries for needed service in exceptional circumstances, and then all human rights of the children, including the right to return home, must be firmly protected.
- Under no circumstances should children and their needs be used to influence political opinions in regard to U.S. involvement in Vietnam.

. . .

In fiscal year 1967, the Children's Bureau awarded $5½ million in child welfare training grants, in the fifth annual series of such grants since their authorization under the 1962 public welfare amendments to the Social Security Act. These grants to institutions of higher learning to train social workers for the field of child welfare include 741 traineeships to support graduate education leading to a master's degree in social work and 47 traineeships for training beyond the master's or study leading to the doctoral degree.

Teaching grants were made to 68 schools of social work to employ 171 faculty members.

Grants were also made to fund 22 short-term training projects which include seminars, workshops, institutes, and conferences.

The poor

To provide a means of disseminating the findings of its research on the urban poor, the Health and Welfare Council of the National Capital Area, Washington, D.C., has established a project, Cross-Tell, under the direction of Luther P. Jackson. Cross-Tell is concerned exclusively with issuing and interpreting the findings from a now completed council-sponsored project: the Child Rearing Study (CRS) of Low Income Families in the District of Columbia, carried out by a team of anthropologists, sociologists, and social workers between 1960 and 1964 under the direction of Hylan Lewis. For both projects the council received support from the National Institute of Mental Health.

The materials of the CRS project include participant-observer reports, taped interviews, and detailed descriptions of family life and interpersonal

relations among the lowest socio-economic portions of Washington's population. From these materials, Cross-Tell has thus far issued four publications. The most recent, "Culture, Class, and Poverty," contains three papers by Dr. Lewis pointing out some general implications emerging from the study.

The other publications are: "Three Generations," by Camille Jeffers, which employs case materials in the words of a single low-income family; "Telling It Like It Is!" which is in the form of a drama with dialog drawn from verbatim interviews with CRS respondents and was the basis of a performance given last September by the actors Ossie Davis and Ruby Dee at Howard University; and "Poverty's Children," by Mr. Jackson, which presents some main CRS findings, often supported by the respondents' words.

Cross-Tell publishes an occasional newsletter providing information about research relating to the urban poor. It also holds institutes and seminars for students and practitioners in the "helping professions."

The CRS publications may be obtained from Cross-Tell, 95 M Street SW., Washington, D.C. 20024.

For youth

By the end of April, many national voluntary youth-serving agencies had plans well underway for expanded programs for young people this summer. They reported on these at a meeting in New York on April 27, called by the National Social Welfare Assembly at the request of Vice President Hubert H. Humphrey. Participants included representatives from 35 voluntary agencies, the Office of the Assistant Secretary (HEW) for Individual and Family Services and the Children's Bureau (delegated representatives of the Office of the Vice President), and the Office of Education's New York regional office.

Among the agencies that reported plans to expand *residential camping* facilities were: The Boys' Clubs of America, which will have facilities to accommodate 15 percent more campers than in 1966; the Boy Scouts of America, which will take non-Scouts from 11 cities into its camps; the National 4-H Clubs, which will provide camping for 158,000 young people of low-income families; and Encampment for Citizenship, which will operate three encampments for about 360 campers, 70 of whom will be from low-income families.

Some agencies also reported plans to step up *recreational programs within the cities.* For example, the Girl Scouts of America, as part of its program Special Area Services, will operate day camps for girls in the inner city and include transportation to and from camp. The Boys' Clubs of America will increase operating hours of club facilities from 25 to 50 hours a week, on a 7-day basis; expand its recreational program; and extend the operating hours of its 115 indoor and 100 outdoor pools and add portable pools in 20 to 30 locations. The National Recreation and Parks Association will enlarge its "Life Time Sports Program" started in 1966 to operate in 111 locations with the expectations of reaching over a half million young people, as compared with last year's operation in eight locations for 84,000 young people.

A number of agencies reported plans to increase opportunities for youth participation in *volunteer services.* The Young Men's Christian Associations' National Council Student Department will recruit and place 500 more student volunteers than in 1966: some will work in Operation SPECTRUM (a program in which college students help inner-city residents with their problems), which has been extended to 11 communities; 40 will work in the Appalachian area; and 1,800 will work on the Indian Reservation at Rosebud, S. Dak., and in the Cal-Tech Project, which focuses on problems of rural, migrant Mexican-Americans living on the Mexican border.

The American Red Cross will expand Project REACH (teams of eight to 12 youth working with two adult leaders to provide programs and services in communities), to be 10 times larger than in 1966. The National Federation of Catholic College students will send about 200 student volunteers to work in the Christian Appalachian Project in McKee, Ky., to help residents learn to develop woodshops, greenhouses, and other facilities as a means to gain economic independence.

The Commission on Youth Service Projects has published a directory of opportunities for volunteer work in the human services for high school and college students. The U.S. Youth Council is preparing a list of 10,000 college students who are willing to work in community service programs in the inner city this summer.

Many *summer employment opportunities* for young people will be provided through the agencies. For example, the Boys' Clubs of America will provide job opportunities for about 2,500 boys in its clubs and 2,500 in its camps, as well as job opportunities for Neighborhood Youth Corps workers in 25 to 30 camps and in six or more clubs. The National 4-H Clubs is working with State employment offices in an employment oriented project in which about 194,000 young people will have opportunities to acquire skills in landscape gardening, child care, auto mechanics, tour conducting, caring for animals, and operating tractors.

Child health

A research conference on the problem of dyslexia (impairment of reading ability) and related disorders, supported by a Federal grant from the Office of Education, was held May 15–16, at Southwest Texas State Teachers College, San Marcos, Tex. Among the 26 persons who attended were neurologists, pediatricians, child psychologists, geneticists, speech pathologists, audiologists, and educators. The purposes of the conference were to assess the state of knowledge about dyslexia and the scope of the problem and to make recommendations for attacking it.

Conferees reported that prevalence of dyslexia ranges from 1 percent to 20 percent of the population, depending upon whether the term is used broadly to cover reading difficulties from any cause—including sensory impairment, emotional problems, mental retardation, eye dominance, deprivation of cognitive stimulation in early childhood, or specific brain or neurological impairment affecting word perception—or narrowly to include only the last named cause.

The educators pointed out that about one-third of the school children have some degree of reading difficulties, though not all are severe enough to be labeled as dyslexia. Stressing the importance of careful diagnostic evaluations to determine the etiology and help classify the nature of the reading difficulty more precisely, the conferees recommended the initiation of a nationwide action program, combining medical and

educational efforts to provide remedial programs for both preschool and school-age children.

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Over the next 3 years the University of Colorado Medical Center at Denver will test the hearing ability of about 450 infants and children under 5 years of age by conventional methods and by a new method using a computer to determine the effectiveness of the new method and to develop guidelines for its use. The computer analyzes brain waves recorded by an electroencephalograph (EEG) after eliminating all but those emanating from auditory activity. This, the center expects, will give the new method advantage over conventional methods of testing hearing that, because they require the subject to respond, cannot be used effectively with young children or with persons who are uncooperative. The National Center for Chronic Disease Control, U.S. Public Health Service, is sponsoring the testing program.

The children whom the Denver center will test will be drawn from those screened by local hospitals and clinics and from patients referred by private physicians in Colorado and surrounding States. Plans call for about 150 children to be tested each year, about 75 percent of them under 2 years of age and about 15 percent from 2 to 4 years old. The guidelines are being prepared to enable audiologists and otolaryngologists to determine the degree of hearing loss in children by reading brain waves.

. . .

If lead poisoning from the ingestion of paint—still a problem among children living in the slums of old cities—is to be prevented, concerted efforts must be made to eliminate environmental exposure to lead-containing paint and to treat pica (the desire to eat nonfood substances). So concluded the participants of a Symposium on Management of Chronic Lead Intoxication in Children, held in Baltimore on April 24, 1967, by the Happy Hills Hospital, a nonprofit convalescent facility for children in Baltimore. About 175 public health workers, including nurses, social workers, and physicians, attended.

In speaking of the ultimate effects of the disease, Dr. Randolph K. Byers, of the Children's Hospital of Boston, told of a followup study of 45 children who had been hospitalized for lead poisoning in which seven were found to have persistent psychological irregularities, eight were found to be retarded, and four to have died. In another group he cited, all the children after diagnosis of lead poisoning had continued to ingest lead—usually in the form of old-type wall paint—and all had become retarded. Examples were given of children in which lead poisoning had led to death or permanent brain damage.

In describing the length of time needed for treatment and the dangers of reexposure, Dr. J. Julian Chisolm, Jr., of the Baltimore City Hospitals, emphasized the importance of specific measures to protect children from reexposure after the diagnosis has been made.

Other speakers discussed the causes of pica in children, most often found in the low socioeconomic groups.

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Investigations at the National Institute of Arthritis and Metabolic Diseases of the National Institutes of Health have recently pinpointed the cause of Lesch-Nyhan disease, a disorder of childhood associated with the production of excess uric acid and resulting in cerebral palsy, mental retardation, and, eventually, death. Children afflicted with the disease chew away their lips and fingers and seldom live beyond puberty.

The disease has been found to stem from a biochemical defect in the way the body handles purines, the substances from which uric acid is derived. Patients afflicted with it are deficient in an enzyme of purine metabolism, hypoxanthineguanine phosphoribosyltransferase.

The disorder was first described in 1964 by the two physicians whose names it now carries. Since then more than 30 cases, all in young boys, have been reported in the United States, according to records at the Institute. Many cases go unrecognized because the blood levels of uric acid are seldom determined in young children.

Miscellaneous

The U.S. Committee for UNICEF has set up an Information Center on Children's Cultures in its New York City headquarters (331 East 38th St., New York 10016) under the direction of a librarian experienced in children's literature. The center will provide a mail reference service; issue lists of books about children in other lands; conduct programs for children demonstrating the cultural activities of children in various countries; and give assistance to research workers, teachers, librarians, writers, television producers, publishers, and parents, and others interested in finding and assessing such materials.

. . .

Seven institutions of higher learning are combining their research efforts in early childhood education in a new national program, known as the National Laboratory in Early Childhood Education, supported in part by the U.S. Office of Education, under the Elementary and Secondary Education Act of 1965. The purpose of the "laboratory"—a term used in this instance to denote collaborative association rather than a physical facility—is to coordinate and develop research in this field to improve the education of young children.

The participating institutions are Cornell University, George Peabody College for Teachers (Nashville, Tenn.), New York University, Syracuse University, the University of Arizona, the University of Chicago, and the University of Illinois, which is serving as the coordinator. They will launch new projects as well as work together on projects already under way. Among others, these include or will include inquiries into the educational assets and deficits of Mexican-American children, ways of helping mothers of deprived children assist in their education, the effects of home environment on children from middle and lower economic groups, and the extent of social segregation in nominally integrated classrooms.

Correction

Under the "Films on Child Life" listing in the March–April 1967 issue of CHILDREN, Churchill–Wexler Films is erroneously cited as the producer of the films "Boy to Man" and "Girl to Woman" and Henk Newenhouse, as the distributor. The producer of "Girl to Woman" and the distributor of both films is Churchill Films, 662 N. Robertson Blvd., Los Angeles, Calif. 90069. Henk Newenhouse is the Midwest agent for Churchill Films.

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Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

CHILDREN IN DAY CARE WITH FOCUS ON HEALTH. Laura Dittmann, with the Committee on Day Care, Maternal and Child Health Section, American Public Health Association. Department of Health, Education, and Welfare, Children's Bureau. CB Publication No. 444. 1967. 120 pp. 50 cents.

Presents principles for developing and improving a health program for children in day care on the basis of the requirements of specific age groups—and children with special needs—for healthy physical, mental, and emotional development.

A CHANCE FOR A CHANGE: new school programs for the disadvantaged. Department of Health, Education, and Welfare, Office of Education. OE Publication No. 35084. 1966. 65 pp. 60 cents.

Describes the various kinds of programs for disadvantaged children being carried out in local school systems throughout the United States under title I of the Elementary and Secondary Education Act of 1965, and gives figures by State or other jurisdiction on the number of projects approved, maximum funds authorized, and funds obligated as of March 25, 1966.

WHY NICK THE CIGARETTE IS NOBODY'S FRIEND; and A LIGHT ON THE SUBJECT OF SMOKING. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 447. 1966. 11 pp. 10 cents; and CB Publication No. 448. 1966. 13 pp. 15 cents, respectively.

Two pamphlets on the health hazards of cigarette smoking; the first for children in the fourth and fifth grades, the second for those in the sixth and seventh grades.

ABSTRACTS OF RESEARCH AND DEMONSTRATION PROJECTS IN SOCIAL WELFARE AND RELATED FIELDS. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services. 1966. 249 pp. 70 cents.

Lists 317 research and demonstration projects now in progress or completed between January 1957 and June 1964 with support from constituent agencies of DHEW and the U.S. Department of Labor. They are classified under the following headings: children; youth; low-income families; chronically ill and aged; physically and mentally handicapped; and administration.

PERSONNEL AND PERSONNEL PRACTICES IN PUBLIC INSTITUTIONS FOR DELINQUENT CHILDREN: a survey. Leonard J. Hippchen with statistical assistance by Daisy Ligons. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Statistical Series No. 86. 1966. 29 pp. Single copies free from the Bureau.

Reports data from a 1964 survey of 276 public institutions for delinquent children in relation to personnel practices and characteristics of treatment, educational, and administrative staffs. Includes comparative data from a similar survey made in 1958.

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photo credits

Frontispiece, Ann Zane Shanks, for the Children's Bureau.

Page 145, Esther Bubley, for the Children's Bureau.

Page 157, Neighborhood Youth Corps.

Page 159, the Phoenix Gazette.

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